

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003090

1. Entity Name  
ALOMA PARK, L.L.C.

FILED

01 MAY -4 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4814 KENSINGTON PARK BLVD.  
ORLANDO FL 32819

Mailing Address  
4814 KENSINGTON PARK BLVD.  
ORLANDO FL 32819



2. Principal Place of Business  
5901 Brick Court

3. Mailing Address  
5901 Brick Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Winter Park, Florida

City & State  
Winter Park, Florida

4. FEI Number 59-3581017

Applied For  
Not Applicable

Zip  
32792

Country

Zip  
32792

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SILLIMAN, WILLIAM M  
4814 KENSINGTON PARK BLVD.  
ORLANDO FL 32819

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

~~FILE NOW!!! FEE IS \$50.00~~  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SILLIMAN, WILLIAM M  
4814 KENSINGTON PARK BLVD.  
ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
REICHE, ROBERT B  
4814 KENSINGTON PARK BLVD.  
ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Nancy C. Sojourner  
5901 Brick Court  
Winter Park, FL 32792 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200004336542-6  
-05/31/01--01081--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Nancy C. Sojourner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/01 (407) 673-4984  
ext 317

CR2E083 (11/00)

0006040 AF