

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90035 041 \*\*\*\*\*50.00

**DOCUMENT # L99000003090**

1. Entity Name

ALOMA PARK, L.L.C.

Principal Place of Business

5901 BRICK COURT  
WINTER PARK FL 32792

Mailing Address

5901 BRICK COURT  
WINTER PARK FL 32792

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3581017

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

MARK E. VERGASON

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

5901 BRICK CT.

City

WINTER PARK

FL

Zip Code

32792

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]*

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

(NOTE: Registered Agent signature required when reinstating)

3/28/02

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE MGR  
NAME SOJOURNER, NANCY C  
STREET ADDRESS 5901 BRICK COURT  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE MGR  
NAME VERGASON, MARK E.  
STREET ADDRESS 5901 BRICK CT.  
CITY-ST-ZIP WINTER PARK, FL 32792 ☐ 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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/28/02 (407) 6734984  
Date Daytime Phone # 217 317

CR2E083 (9/01)