

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022245 AF

DOCUMENT # L99000003437

1. Entity Name  
VILLADIRECT LLC

FILED

01 MAR 12 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6129 WEST IRLO BRONSON HWY.  
KISSIMMEE FL 34747

Mailing Address  
6129 WEST IRLO BRONSON HWY.  
KISSIMMEE FL 34747



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3581443

Applied For  
Not Applicable

Zip Country

Zip 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

7. Name and Address of New Registered Agent

STARR, ROBERTA  
7728 WINDBREAK ROAD  
ORLANDO FL 32819

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM STARR, ROBERTA ☐ Delete  
STREET ADDRESS 7728 WINDBREAK ROAD  
CITY-ST-ZIP ORLANDO FL 32819

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003854193--1  
CITY-ST-ZIP -03/15/01--01061--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM HARDMAN, STEVEN ☒ Delete  
STREET ADDRESS 7728 WINDBREAK ROAD  
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE NAME MGRM HUET, ADIEN ☒ Delete  
STREET ADDRESS 7728 WINDBREAK ROAD  
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE NAME MGRM HARDMAN, STEVEN ☐ Delete  
STREET ADDRESS FARMHOUSE, CORNER FARM, MAIN ST, ST.LEGERS  
CITY-ST-ZIP ASHBY, WARKS, CV23 8UN UK

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

TITLE NAME MGRM HUET, ADIEN ☐ Delete  
STREET ADDRESS LA VALETTE, NORCOTT RD, 3 SEYMOUR GARDENS  
CITY-ST-ZIP ST. HELIER, JERSEY CI JE27RS

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS LA HOUVE, RUE DELA BUTTES  
CITY-ST-ZIP ST JOHN, JERSEY CI

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED

3/9/01

407-397-1010

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

Date

Daytime Phone #

CR2E083 (11/00)