

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # L99000003581

1. Entity Name  
INSYNC COMMUNICATIONS, L.L.C.

00 APR 17 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
624 RENAISSANCE POINTE, #107  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
624 RENAISSANCE POINTE, #107  
ALTAMONTE SPRINGS FL 32714-3510



2. Principal Place of Business  
2445 RIVER TREE CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address  
2445 RIVER TREE CIRCLE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SANFORD FL

City & State  
SANFORD, FL

Zip Country  
32771-8334 USA

Zip Country  
32771-8334

4. FEI Number  
59-3586002

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MCCLELLAN, DENNIS N  
624 RENAISSANCE POINTE, #107  
ALTAMONTE SPRINGS FL 32714

2445 RIVER TREE CIRCLE  
SANFORD, FL  
32771-8334

## 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	<input type="checkbox"/> Delete
MGR	MCCLELLAN, DENNIS N	624 RENAISSANCE POINTE, #107	ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

## 10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2445 RIVER TREE CIRCLE	SANFORD, FL 32771-8334	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)