

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004061

1. Entity Name
SUNSCAPE INVESTMENTS, LLC

Principal Place of Business

1330 SADDLERIDGE
ORLANDO FL 32835

Mailing Address

P.O. BOX 1010
WINDERMERE FL 34786-1010

2. Principal Place of Business

5914 Blakeford Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1010
Suite, Apt. #, etc.

City & State

Windermere, FL

City & State

Windermere, FL

Zip

34786

Country

Orange

Zip

34786

Country

Orange

4. FEI Number

59-358 7369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDING, ROBERT L ESQ.
2716 REW CIRCLE SUITE 102
OCOE FL 34761

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 MGR
NAME SUNSCAPE HOMES, INC.
STREET ADDRESS P.O. BOX 928
CITY-ST-ZIP WINDERMERE FL 34786 ☐ 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

TITLE
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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
600003198186--7
-04/06/00-01054-010
*****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: *Barbara K. [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/16/00
Date

407 909-6299
Daytime Phone #

CR2E083 (9/99)

FILED
00 MAR 23 PM 3: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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