

2000 UNIFORM BUSINESS REPORT (UBR)

0001256 AF

DOCUMENT # **L99000004143**

1. Entity Name
STEPHEN C. YU L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 AM 8:35

Principal Place of Business: 8142 LAKE SERENE DRIVE, ORLANDO FL 32836
Mailing Address: 8142 LAKE SERENE DRIVE, ORLANDO FL 32836-5019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **8001 S Orange Blossom Trail**
Suite, Apt. #, etc.: **# 1022**

3. Mailing Address: Suite, Apt. #, etc.

City & State: **Orlando, FL**
Zip: **32809** Country: **U.S.A.**

4. FEI Number: **59-3600-574**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
YU, STEPHEN C
8142 LAKE SERENE DRIVE
ORLANDO FL 32836

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: _____ (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: MGR YU, STEPHEN C STREET ADDRESS: 8142 LAKE SERENE DRIVE CITY- ST- ZIP: ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete
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TITLE NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete
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TITLE NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME: General Manager DENNIS YU STREET ADDRESS: 8142 Lake Serene Drive CITY- ST- ZIP: Orlando, FL 32836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED** Date: **2/15/00** Daytime Phone #: **407-888-0011**

CR2E083 (9/99)