

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004163

1. Entity Name
FULLERS CROSSING, L.L.C.

Principal Place of Business
604 S. LAKE SYBELIA DRIVE
MAITLAND FL 32751

Mailing Address
604 S. LAKE SYBELIA DRIVE
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3585389

Applied For

Not Applicable

5. Certificate of Status Desired

K

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMPDEN, EDMUND P
604 S. LAKE SYBELIA DRIVE
MAITLAND FL 32751

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HAMPDEN, EDMUND P
604 S. LAKE SYBELIA DRIVE
MAITLAND FL 32751

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCDANIEL, COLY D III
1024 GRIER AVENUE
ORLANDO FL 32804

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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:

Edmund P. Hampden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/7/02

Daytime Phone #

407-644-9140

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90019 030 *****55.00

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DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)