

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004440

1. Entity Name

STRATEGY BUSINESS DEVELOPMENT, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:49

Principal Place of Business

2179 LAKE DEBRA DR  
#534  
ORLANDO FL 32835

Mailing Address

2179 LAKE DEBRA DR  
#534  
ORLANDO FL 32835-6367

2. Principal Place of Business

440 N. Donnelly St.  
Suite, Apt. #, etc.

3. Mailing Address

440 N. Donnelly St.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Mount Dora, FL

City & State

Mount Dora, FL

4. FEI Number

59-3589653

Applied For

Not Applicable

Zip  
32757

Country  
USA

Zip  
32757

Country  
USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, CHRISTOPHER  
2179 LAKE DEBRA DR  
#534  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name  
Deana Schade  
Street Address (P.O. Box Number is Not Acceptable)  
1650 Sunset Circle  
City Mount Dora FL Zip Code 32757

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

Deana Schade DEANA SCHADE MEMBER

2/16/00  
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	MGR SCHADE, DEANA 2179 LAKE DEBRA DR #534 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WARREN, CHRISTOPHER 2179 LAKE DEBRA DR #534 ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Schade, Deana 1650 Sunset Circle Mount Dora, FL 32757	<input checked="" type="checkbox"/> Change <input 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
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
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<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)(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:

Deana Schade DEANA SCHADE

2/16/00

352-735-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)