

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004618

1. Entity Name

BRENTWOOD CAPITAL, LLC

Principal Place of Business

501 SOUTH NEW YORK AVE.
WINTER PARK FL 32789

Mailing Address

501 SOUTH NEW YORK AVE.
WINTER PARK FL 32789-4241

FILED

00 FEB -3 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLD, ROBERT P
501 SOUTH NEW YORK AVE.
WINTER PARK FL 32789

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

10. ADDITIONS/CHANGES

TITLE NAME MEM
STREET ADDRESS COMPLIANCE CONSTRUCTION CORP.
CITY- ST- ZIP 501 SOUTH NEW YORK AVE.
WINTER PARK FL 32789 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003124451--9
CITY- ST- ZIP -02/04/00--01081--003

TITLE NAME MEM
STREET ADDRESS REI CAPITAL, LLC
CITY- ST- ZIP 6012 JOHNSON CHAPEL ROAD
BRENTWOOD TN 37027-5724 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 ☐ Change ☐ Addition
CITY- ST- ZIP *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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: X

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

Date

Daytime Phone #

CR2E083 (9/99)