

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019176 AF

DOCUMENT # L99000004894

1. Entity Name

1615 E. EDGEWOOD DRIVE, L.L.C.

FILED

01 MAR -5 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4715 HULSE LANE  
LAKELAND FL 33813

Mailing Address

4715 HULSE LANE  
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593594880  
APPLIED FOR

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

PUTNAM, ABEL A  
500 SOUTH FLORIDA AVENUE, SUITE 200  
LAKELAND FL 33801

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 ☐ Delete  
MGRM  
READ, DOROTHY L  
STREET ADDRESS  
4715 HULSE LANE  
CITY-ST-ZIP  
LAKELAND FL 33813

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

TITLE NAME ☐ Delete  
MGRM  
AUGER, LIONEL J  
STREET ADDRESS  
1368 EDGEWATER BEACH DRIVE  
CITY-ST-ZIP  
LAKELAND FL 33801

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

TITLE NAME ☐ Delete  
MGRM  
READ, RAYDENE A  
STREET ADDRESS  
2312 BUCKINGHAM AVENUE  
CITY-ST-ZIP  
LAKELAND FL 33803

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

TITLE NAME ☐ Delete  
MGRM  
READ, WILLIAM W JR.  
STREET ADDRESS  
2312 BUCKINGHAM AVENUE  
CITY-ST-ZIP  
LAKELAND FL 33803

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

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/01 (863) 646-1666  
Date Daytime Phone #

CR2E083 (11/00)