

2000 UNIFORM BUSINESS REPORT (UBR)

001800

DOCUMENT # L99000005285

1. Entity Name

ADTI, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

A0079587



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7061 UNIVERSITY BLVD.
WINTER PARK FL 32792-6720

Mailing Address

7061 UNIVERSITY BLVD.
WINTER PARK FL 32792-6720

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

59-3592630

Applied For

Not Applicable

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

WHITEMORE, KENNETH N
1300 MAJESTIC DRIVE
APOPKA FL 32712

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
WHITEMORE, KENNETH N
1300 MAJESTIC DRIVE
APOPKA FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
0000003408460--8
-09/28/00--01091-016
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WHITEMORE, LYNNE H
1300 MAJESTIC DRIVE
APOPKA FL 32712 ☐ Delete

TITLE
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☐ 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:

Kenneth N Whitemore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)