

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000005368

1. Entity Name  
ORLANDO CHEEBURGER, L.L.C.

00 APR -3 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mf 4/18

Principal Place of Business  
15951 MCGREGOR BLVD  
STE 2-A  
FORT MYERS FL 33908

Mailing Address  
15951 MCGREGOR BLVD  
STE 2-A  
FORT MYERS FL 33908-2568



DO NOT WRITE IN THIS SPACE

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

59-3602299

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

KANOUSE, KEITH J  
PENINSULA EXECUTIVE CTR, STE 270  
2385 EXECUTIVE CENTER DRIVE  
BOCA RATON FL 33431

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 MGR  
STREET ADDRESS ZICARI, BRUCE  
CITY- ST- ZIP 15951 MCGREGOR BLVD., UNIT 2-A  
FT MYERS FL

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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:

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

3/22/00  
Date

941-437-1611  
Daytime Phone #

CR2E083 (9/99)