

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 16 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005397

1. Entity Name

OLMSTED ENTERPRISES II, LLC

Principal Place of Business

200 EAST ROBINSON STREET, SUITE 500  
ORLANDO FL 32801

Mailing Address

200 EAST ROBINSON STREET, SUITE 500  
ORLANDO FL 32801-1956

2. Principal Place of Business

692 Stonefield Loop

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Heathrow, FL

City & State

Zip  
32746

Country  
USA

Zip

Country

4. FEI Number

59-3605862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.  
200 EAST ROBINSON STREET, SUITE 500  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

TITLE NAME MGR  
STREET ADDRESS OLMSTED, JOHN GREGORY SR  
CITY- ST- ZIP 626 E. BUELL ROAD  
ROCHESTER MI 48306 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 692 Stonefield Loop  
CITY- ST- ZIP HEATHROW, FL 32746

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 900003279279-9  
CITY- ST- ZIP -06/07/00-01010-012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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

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

Manager

Date

3-28-00

Daytime Phone #

(407)  
843-5880

CR ENCL (5/9)