

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # **L99000005401**

1. Entity Name
SUN TEAK, LLC

00 MAY -6 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O DAVID ALLEN WEBSTER, P.A.
413 VIRGINIA DRIVE
ORLANDO FL 32803

Mailing Address

C/O DAVID ALLEN WEBSTER, P.A.
413 VIRGINIA DRIVE
ORLANDO FL 32803-1842

C/O DAVID A. WEBSTER, ESQ

C/O DAVID A. WEBSTER, ESQ



2. Principal Place of Business **UNGER,**

3. Mailing Address **UNGER, WEBSTER,**

WEBSTER, SWARTWOOD & ACREE, PA

SWARTWOOD & ACREE, PA

Suite, Apt. #, etc.
701 PEACHTREE ROAD

Suite, Apt. #, etc.
701 PEACHTREE ROAD

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number

N/A

Applied For

Not Applicable

Zip
32804

Country
USA

Zip
32804

Country
USA

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

MOTONAW, INC.
413 VIRGINIA DRIVE
ORLANDO FL 32803

Name
UWSA SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
701 PEACHTREE ROAD

City
ORLANDO

FL

Zip
32804

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

(NOTE: Registered Agent signature required when reinstating)

DATE

25 Feb 2000

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 POTTERY YARD INTERNATIONAL, L.L.C.
413 VIRGINIA DRIVE
ORLANDO FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM JOHN CLEEVELEY ☒ Change ☐ Addition
POTTERY YARD INTERNATIONAL, LLC
701 PEACHTREE ROAD 704 W SR 436
ORLANDO, FLORIDA 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALTA MONTE SPRINGS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003279325 ☐ Change ☐ Addition
06/07/00--01014--014
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED
JOHN CLEEVELEY PRES.

Date

Daytime Phone #

4/11/00 407 467 9805

CR: E083 (9/99)