

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000005496**

1. Entity Name
SABALA L.L.C.

Principal Place of Business
**2351 ALAQUA DRIVE
LONGWOOD FL 32779**

Mailing Address
**2351 ALAQUA DRIVE
LONGWOOD FL 32779-3123**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mom

DO NOT WRITE IN THIS SPACE

4. FEI Number

N/A

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

**BARON, STEPHEN
2351 ALAQUA DRIVE
LONGWOOD FL 32779**

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
BARON, STEPHEN**
STREET ADDRESS **2351 ALAQUA DRIVE**
CITY - ST - ZIP **LONGWOOD FL**

TITLE NAME Change Addition
600003249856--4
STREET ADDRESS **-05/11/00--01129--021**
CITY - ST - ZIP *******50.00 *****50.00**

TITLE NAME Delete
**MGRM
BARON, BRETT**
STREET ADDRESS **2351 ALAQUA DRIVE**
CITY - ST - ZIP **LONGWOOD FL**

TITLE NAME Change Addition

TITLE NAME Delete
**MGRM
BARON, TOD**
STREET ADDRESS **2351 ALAQUA DRIVE**
CITY - ST - ZIP **LONGWOOD FL**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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**

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

Date

Daytime Phone #

CR2E083 (9/99)