

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L99000005669

1. Entity Name
WEST ORANGE VENTURE, LLC

00 MAY -3 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4427 WEST KENNEDY BLVD., SUITE 125
TAMPA FL 33609

Mailing Address
4427 WEST KENNEDY BLVD., SUITE 125
TAMPA FL 33609-2070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 320342
Suite, Apt. #, etc.

City & State
Tampa, FL
Zip
33679-2342
Country
USA

4. FEI Number
99-3596653
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
O'MALLEY, ANDREW M
CAREY, O'MALLEY, WHITAKER & MANSON, P.A.
712 SOUTH OREGON AVENUE
TAMPA FL 33606

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 STREET ADDRESS CITY- ST- ZIP
MGR HUNT, HAMILTON E JR. 4427 WEST KENNEDY BLVD., SUITE 125 TAMPA FL 33609
MGR DOUGLAS, BRADFORD G 4427 WEST KENNEDY BLVD., SUITE 125 TAMPA FL 33609

10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY- ST- ZIP
300003264543-1
-05/24/00-01011-015
*****50.00 *****50.00

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 Date 4.24.00 Daytime Phone # 813-289-5511

CR2E083 (9/99)