# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 18 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000093 AF

DOCUMENT # L99000005688

1. Entity Name
CONTROL CENTER, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1013 MONTANA STREET<br>ORLANDO FL 32803-2569 | 1013 MONTANA STREET<br>ORLANDO FL 32803-2521 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4301 Metric Dr. | 4301 Metric Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Winter Park, FL | City & State: Winter Park, FL |
| Zip: 32792 Country: USA | Zip: 32792 Country: USA |

4. FEI Number: 59-1027661 ☐ 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 |
|---|---|
| YERGEY, DAVID A JR.<br>211 N. MAGNOLIA AVENUE<br>ORLANDO FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | MGR<br>TURNER, MARCUS B<br>1013 MONTANA STREET<br>ORLANDO FL 32803-2569 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>4301 Metric Dr,<br>Winter Park, FL 32792 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>TURNER, SCOTT G<br>1013 MONTANA STREET<br>ORLANDO FL 32803-2569 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>4301 Metric Dr,<br>Winter Park, FL 32792 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>CAPPABIANCA, SHERRI T<br>1493 WESTCHESTER AVENUE<br>WINTER PARK FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>800003287[illegible]<br>-06/13/00--01079--007<br>*****50.00 *****50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (9/99)

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 4/25/00 407-681-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #