

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91001 035 *****50.00

DOCUMENT # L99000005886

1. Entity Name

ARDC-OCALA 201, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1375 BUENA VISTA DRIVE

3. Mailing Address

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

4TH FLOOR NORTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE BUENA VISTA, FL

City & State

BURBANK, CA

4. FEI Number

59-3599978

Applied For

Not Applicable

Zip

32830

Country

US

Zip

91521-0586

Country

US

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

SMITH, JEFFREY H.

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

1375 BUENA VISTA DRIVE

4TH FLOOR NORTH

City

LAKE BUENA VISTA

FL

Zip Code
32830

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RASULO, JAMES A.
500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
REED, MARSHA L.
500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUETTNER, ANNE L.
500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HUNT, JAMES S.
1375 BUENA VISTA DRIVE
LAKE BUENA VISTA, FL 32830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HANFORD, JAMES D.
500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/05/03

Date

(818) 560-1000

Daytime Phone #

CR2E083B (12/02)