

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005965

1. Entity Name

OVERSEAS BUILDING SUPPLY, L.C.

APPROVED
AND
FILED

00 APR 30 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

400 NORTH NEW YORK AVENUE
SUITE 103
WINTER PARK FL 32789

Mailing Address

400 NORTH NEW YORK AVENUE
SUITE 103
WINTER PARK FL 32789-3159

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3600127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCCLANE, J. BROCK
1221 WEST COLONIAL DRIVE
SUITE 200
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name C.H. OGILVIE, JR.

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

400 N. NEW YORK AVENUE

SUITE 103

City WINTER PARK

FL

Zip Code

32789

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)

4/27/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME OGILVIE, C.H. JR.
STREET ADDRESS 400 NORTH NEW YORK AVENUE SUITE 103
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE MGR
NAME MAY, RANDALL L.
STREET ADDRESS 245 CHALLENGER
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003258561--3
-05/19/00--01010--004
*****50.00 *****50.00

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

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

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

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

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

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

4/27/00 407/629-8282

Date

Daytime Phone #

CR2000 9/99