

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006050

1. Entity Name

LANDS END WINTER PARK, L.L.C.

FILED

00 JAN 18 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3001 PONCE DE LEON BLVD
STE 203
CORAL GABLES FL 33134

Mailing Address

3001 PONCE DE LEON BLVD
STE 203
CORAL GABLES FL 33134-6824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-0567029

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

A.G.C. CO.

200 S. ORANGE AVE., STE 2300
ORLANDO FL 32801

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 MGRM ☐ Delete
NAME HAUSER, CHARLES R
STREET ADDRESS 11033 GIRASOL AVENUE
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Change ☐ Addition
NAME M
STREET ADDRESS 300003114033-5
CITY-ST-ZIP -01/28/00--01023--006
*****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME HUGHES, HUNTER R
STREET ADDRESS 925 MARSEILLES DR
CITY-ST-ZIP ATLANTA GA

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

TITLE MGRM ☐ Delete
NAME RANEY, PENELOPE B
STREET ADDRESS 8390 HIGH TARN RD
CITY-ST-ZIP DUNWOODY GA

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

TITLE MGRM ☐ Delete
NAME RANEY, JEFFREY L
STREET ADDRESS 1218 BROOKHAVEN PARK PLACE
CITY-ST-ZIP ATLANTA GA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Daytime Phone #