

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006090

1. Entity Name

CED CAPITAL HOLDINGS XIV D, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 26 PM 2:19

Principal Place of Business

1551 SANDSPUR ROAD
MAITLAND FL 32751

Mailing Address

P.O. BOX 4961
ORLANDO FL 32802

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

NOT APPLICABLE

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE., STE 1100
ORLANDO FL 32801

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 MGR
NAME BROCK, JAY P
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE MGR
NAME DOODY, TRICIA
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE MGR
NAME SCIARRINO, MICHAEL J
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE MGR
NAME GINSBURG, ALAN H
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE MGRM
NAME CED CAPITAL HOLDINGS XVI, LTD.
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900003601309-3
-01/30/01--01057--015
*****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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

TRICIA DOODY, MGR

1/25/01

Date

407/41-8500

Daytime Phone #

CR2E083 (11/00)