

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006137

1. Entity Name

EMPIRE DEVELOPMENT OF ORLANDO, L.L.C.

Principal Place of Business

279 CHISWELL PLACE
LAKE MARY FL 32746

Mailing Address

279 CHISWELL PLACE
LAKE MARY FL 32746-4110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MMU

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3604812

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

DIMILLO, LOUIS
279 CHISWELL PLACE
LAKE MARY FL 32746

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
NAME SUMMERPARK HOMES, INC.
STREET ADDRESS 279 CHISWELL PLACE
CITY-ST-ZIP LAKE MARY FL 32746

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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

Louie Di Millo 4-20-00 407-805-9409

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

Date

Daytime Phone #

0000542 AF

CR2E083 (9/99)

