

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006137

1. Entity Name
EMPIRE DEVELOPMENT OF ORLANDO, L.L.C.

APPROVED
AND
FILED

01 APR 26 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
279 CHISWELL PLACE
LAKE MARY FL 32746

Mailing Address
279 CHISWELL PLACE
LAKE MARY FL 32746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2989 West S.R. 434

3. Mailing Address
2989 West S.R. 434

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.
Suite 500

City & State
Longwood, FL

City & State
Longwood, FL

4. FEI Number 59-3604812

Applied For
Not Applicable

Zip Country
32779 U.S.A.

Zip Country
32779 U.S.A.

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

6. Name and Address of Current Registered Agent

DIMILLO, LOUIS
279 CHISWELL PLACE
LAKE MARY FL 32746

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 Louie DiMillo April 20, 2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
2989 West S.R. 434, Suite 500 Longwood, FL 32779

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
600004190898-05/09/01--01076--009 *****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: Louie DiMillo 4-20-01 (407) 788-0288

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

Date

Daytime Phone #

0004703 AF

CR2E083 (11/00)