

2000 UNIFORM BUSINESS REPORT (UBR)

0001063 AF

DOCUMENT # L99000006234

1. Entity Name
SHAMROCK SOFTWARE SYSTEMS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:05

Principal Place of Business
3415 EAST GRANT STREET
ORLANDO FL 32806

Mailing Address
3415 EAST GRANT STREET
ORLANDO FL 32806-5126



2. Principal Place of Business

3. Mailing Address

19046 BRUCE B. DOWNS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

227

City & State

City & State

TAMPA FL

Zip

Country

Zip

33647

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3614984

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWINDLE, WILLIAM R
101 EAST KENNEDY BOULEVARD, SUITE 4100
TAMPA FL 33602

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
NAME
MGRM RECHTINE, GLENN
STREET ADDRESS
3415 EAST GRANT STREET
CITY-ST-ZIP
ORLANDO FL 32806

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003132100--3
-02/11/00--01013--024
*****55.00 *Change \$55.00 Addition

☐ Change

☐ Addition

TITLE
NAME
Managing Member
SCOTT J. BUDAS
STREET ADDRESS
29000 OLD MARSH END
CITY-ST-ZIP
WESLEY CHAPEL, FL 33543

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

2/3/2000

817 991 4897

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

Date

Daytime Phone #

CR2E083 (9/99)