

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006351

1. Entity Name

R2 HOLDINGS, L.L.C.

FILED

00 FEB -3 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

801 W. STATE ROAD 436, SUITE 1079  
ALTAMONTE SPRINGS FL 32714

801 W. STATE ROAD 436, SUITE 1079  
ALTAMONTE SPRINGS FL 32714-3052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-3601067

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

ROST, SCOTT R  
228 PARK AVENUE NORTH, SUITE B  
WINTER PARK FL 32789

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 MGR  
NAME LEVITT, SCOTT M  
STREET ADDRESS 801 W. STATE ROAD 436, SUITE 1079  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE Member  
NAME Levitt, Scott M.  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME Scott, Sean S.  
STREET ADDRESS 648 Butterfly Creek Dr.  
CITY-ST-ZIP Ocoee, FL 34761

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Member  
NAME HUS, Barry D.  
STREET ADDRESS 1338 Log Landing Dr.  
CITY-ST-ZIP Ocoee, FL 34761

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Member  
NAME Grossman, David J.  
STREET ADDRESS 400 E. 71st St., #15H  
CITY-ST-ZIP New York, NY 10021

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/25/2000

Date

407-772-9111

Daytime Phone #