

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004600 AF

DOCUMENT # L99000006351

1. Entity Name

R2 HOLDINGS, L.L.C.

FILED

01 MAR 21 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

32 East Plant Street

Suite, Apt. #, etc.

3. Mailing Address

32 East Plant Street

Suite, Apt. #, etc.

City & State

Winter Garden FL

City & State

Winter Garden FL

4. FEI Number

59-3601067

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

34787

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROST, SCOTT R

228 PARK AVENUE NORTH, SUITE B

WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Sean Scott

Street Address (P.O. Box Number is Not Acceptable)

32 East Plant Street

City

Winter Garden

FL

Zip Code

34787

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

Sean S. Scott, Managing Member

(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 MGRM LEVITT, SCOTT M ☒ Delete  
STREET ADDRESS 801 W. STATE ROAD 436, SUITE 1079  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE NAME MGR SCOTT, SEAN S ☐ Delete  
STREET ADDRESS 640 BUTTERFLY CREEK DRIVE  
CITY-ST-ZIP OCOEE FL 34761

TITLE NAME MGRM HUS, BARRY ☒ Delete  
STREET ADDRESS 1338 LOG LANDING DRIVE  
CITY-ST-ZIP OCOEE FL 34761

TITLE NAME MGRM GROSSMAN, DAVID J ☒ Delete  
STREET ADDRESS 400 E. 71ST STREET #15H  
CITY-ST-ZIP NEW YORK NY 10021

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Member Charles S. Scott ☐ Change ☒ Addition  
STREET ADDRESS 24 N. Bumby Ave.  
CITY-ST-ZIP Orlando, FL 32803

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

TITLE NAME 7000029113 ☐ Change ☐ Addition  
STREET ADDRESS -03/27/01--01024--005  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/16/2001

Date

407-656-5892

Daytime Phone #

CR2E083 (11/00)