

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000006470

1. Entity Name  
WENDOVER HOUSING, L.L.C.

FILED

00 APR 26 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
615 CRESCENT EXECUTIVE COURT, SUITE 120  
LAKE MARY FL 32746

Mailing Address  
615 CRESCENT EXECUTIVE COURT, SUITE 120  
LAKE MARY FL 32746-2120

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number  
59-361033

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
GRAY, N. DWAYNE JR.  
C/O GREENSPOON, MARDER, HIRSHFELD, RAFKIN  
135 WEST CENTRAL BOULEVARD, SUITE 1100  
ORLANDO FL 32801

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 \_\_\_\_\_ (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 STREET ADDRESS CITY-ST-ZIP	MGR WOLF, JONATHAN L 361 NORTH GRADUATE AVE HEATHROW FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(ADDRESS) 615 Crescent Executive Court, Suite 120 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORCK, TODD L 540 TRION STREET LAKE MARY FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(ADDRESS) 615 Crescent Executive Court, Suite 120 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003241641-3 -05/05/00--01092--033 *****55.00 *****55.00
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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: 4/25/00 (407) 333-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Todd L. Borck, Manager

Date Daytime Phone #

CR2E083 (9/99)