

2001 UNIFORM BUSINESS REPORT (UBR)

0004652
AF

DOCUMENT # L99000006470

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

FILED

01 FEB -5 PM 3:55

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

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

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

City & State
Zip Country

4. FEI Number 59-0610881 3610331
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

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

300003662323--6
-02/08/01--01105--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME WOLF, JONATHAN L
STREET ADDRESS 615 CRESCENT EXECUTIVE COURT, STE 120
CITY-ST-ZIP LAKE MARY FL 32746

TITLE MGR
NAME BORCK, TODD L
STREET ADDRESS 615 CRESCENT EXECUTIVE COURT, STE 120
CITY-ST-ZIP LAKE MARY FL 32746

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E083 (11/00)