

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000606756**

1. Entity Name
Oasis Waterfalls, LLC

Principal Place of Business
**8210 Presidents Dr.
Orlando, FL 32809
US**

Mailing Address
**8210 Presidents Dr.
Orlando, FL 32809
US**

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

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

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3605555

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

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Calise, Larry J.
8210 Presidents Dr.
Orlando, FL 32809**

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **Kungstone, Brett M**
CITY-ST-ZIP **8210 Presidents Dr. MGR
Orlando, FL 32809**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **Protiva, Eric**
CITY-ST-ZIP **8210 Presidents Dr.
Orlando, FL 32809**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **Protiva, Edgar**
CITY-ST-ZIP **8210 Presidents Dr.
Orlando, FL 32809**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **McLann, Brian**
CITY-ST-ZIP **8210 Presidents Dr.
Orlando, FL 32809**

TITLE ☐ Delete
NAME **CFO**
STREET ADDRESS **Calise, Larry, J.**
CITY-ST-ZIP **8210 Presidents Dr. MGR
Orlando, FL 32809**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **Castor, Anthony**
CITY-ST-ZIP **8210 Presidents Dr.
Orlando, FL 32809**

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
500003292765--4
-06/15/00--01113--022
*******50.00 *****50.00**
☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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: **Calise, Larry J.**  **(407)851-0942**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)