

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006790

1. Entity Name
ELW ICE, LLC

APPROVED
AND
FILED

00 JUN 26 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5224 ALBELIA DRIVE
ORLANDO FL 32819

Mailing Address
5224 ALBELIA DRIVE
ORLANDO FL 32819-3342



2. Principal Place of Business
3405 Edgewater Dr.
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL
Zip
32804

Country
USA

City & State
Zip

Country

4. FEI Number
59-3604095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, ELLEN
5224 ALBELIA DRIVE
ORLANDO FL 32819

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)

4/30/00
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE President
NAME Ellen Clark
STREET ADDRESS 5224 Albelia Dr.
CITY-ST-ZIP Orlando FL 32819
☐ Delete MGRM

TITLE Vice-President
NAME Julia Hess
STREET ADDRESS 14357 Vista del Lago Blvd.
CITY-ST-ZIP Winter Garden, FL 34787
☐ Delete MGRM

TITLE ~~President~~
NAME ~~Michael...~~
STREET ADDRESS ~~...~~
CITY-ST-ZIP ~~...~~
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/30/00

Date

407-522-8563

Daytime Phone #

CR2E083 (9/99)