

2001 UNIFORM BUSINESS REPORT (UBR)

0023406 AF

DOCUMENT # L99000006930

1. Entity Name
CORNERSTONE INVESTMENT PROPERTIES, LLC

FILED

01 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1726 OAK BREEZE AVENUE
KISSIMMEE FL 34744

Mailing Address
P.O. BOX 452973
KISSIMMEE FL 34745



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3605649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SWART, HARRY J CPA
717 E OAK STREET
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name John M Weaver Jr

Street Address (P.O. Box Number is Not Acceptable)
1726 OAK BREEZE AVE

City Kissimmee FL Zip Code 34744

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

John M Weaver Jr
Signature, typed or printed name of registered agent and title if applicable.
(NOT: Registered Agent signature required when reinstating)

x 4/28/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM CORNERSTONE INSPECTIONS, INC. ☐ Delete
STREET ADDRESS P.O. BOX 452973
CITY-ST-ZIP KISSIMMEE FL 34745

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900004273959--0
CITY-ST-ZIP -05/21/01--01135--011
*****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

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:

John M Weaver Jr
Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

4/28/01 407 518 1211

CR2E083 (11/00)