

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 26 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005393 AF

DOCUMENT # L99000006967

1. Entity Name

REDLINE INVESTMENT GROUP, L.L.C.

Principal Place of Business

111 N. ORANGE AVENUE, 20TH FLOOR  
ORLANDO FL 32801

Mailing Address

111 N. ORANGE AVENUE, 20TH FLOOR  
ORLANDO FL 32801

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

59-3604143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

EVORA, ORLANDO L  
111 N. ORANGE AVENUE, 20TH FLOOR  
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

8000004194618--9

-05/10/01--01138--008

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME EVORA, ORLANDO L  
STREET ADDRESS 1626 SPRING LAKE DR.  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE MGR  
NAME OLIVER, DAVID S  
STREET ADDRESS 437 SILVER DEW ST.  
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE MGR  
NAME FIELDS, RANDOLPH H  
STREET ADDRESS 1237 WINDSONG RD.  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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: RANDOLPH H. FIELDS MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/33/01

407-420-1000

CR2E083 (11/00)