

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007273**

1. Entity Name

~~THE GERMINATION STATION, LLC~~

ORLANDO Airport INDUSTRIAL INVESTORS, LLC

Amend filed 1/16/01

FILED

01 MAY 30 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2901 CLINT MOORE RD., SUITE 324
BOCA RATON FL 33496

Mailing Address

2901 CLINT MOORE RD., SUITE 324
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

65-1052141

~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RACHLIN, ANDREW

**2901 CLINT MOORE RD., SUITE 324
BOCA RATON FL 33496**

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
RACHLIN, ANDREW J
2901 CLINT MOORE RD., SUITE 324
BOCA RATON FL 33496**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
CLINEDINST, JOHN M
139 MORRISTOWN RD.
BERNARDSVILLE NJ**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**900004430119--1
-06/19/01--01077--003
*****50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
RACHLIN, STEPHEN I
P.O. BOX 3096-106 HAMMON AVE.
PALM BEACH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**900004430119--1
-06/19/01--01077--004
*****5.00 *****5.00**

TITLE
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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 **MANAGING member 4/1/01** **(561)** **654 6538**

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

Date

Daytime Phone #

CR2E083 (11/00)

0016442 AF