

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023155 AF

DOCUMENT # L99000007297

1. Entity Name  
KATZ GROUP, L.L.C.

FILED

01 MAR 19 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 1520 NORTH JOHN YOUNG PARKWAY, KISSIMMEE FL 34741  
Mailing Address: 1520 NORTH JOHN YOUNG PARKWAY, KISSIMMEE FL 34741



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3607649 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

LUND, CARLEEN C  
1520 NORTH JOHN YOUNG PARKWAY  
KISSIMMEE FL 34741

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: *Carleen C. Lund* CARLEEN C. LUND DATE: 14-MAR-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	MGR LUND, NORMAN W 1520 NORTH BERMUDA AVENUE KISSIMMEE FL 34741	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGR LUND, CARLEEN C 1520 NORTH BERMUDA AVENUE KISSIMMEE FL 34741	<input type="checkbox"/> Change <input type="checkbox"/> Addition	400003909564 -03/26/01--01103--023 *****50.00 *****50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carleen C. Lund* CARLEEN C. LUND DATE: 14-MAR-01 407-846-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)