

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90041 010 \*\*\*\*50.00

**DOCUMENT # L99000007297**

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3607649**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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  
**CHERYL MCCUISTON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1520 N. JOHN YOUNG PARKWAY**  
 City  
**KISSIMMEE** **FL** Zip Code  
**34741**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 LUND, CARLEEN C  
 1520 NORTH BERMUDA AVENUE  
 KISSIMMEE FL 34741** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 MCCUISTON, CHERYL  
 1520 N. John Young Parkway  
 KISSIMMEE, FL 34741** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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☐ 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:

*Cheryl McCuiston*

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

Date

Daytime Phone #

2/10/02

CR2E083 (9/01)