

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007419

1. Entity Name  
TWIN CACTUS LAKELAND SQUARE, LLC

FILED

01 APR 19 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

3800 US HWY 98 NORTH  
SUITE 660  
LAKELAND FL 33809

Mailing Address

3800 US HWY 98 NORTH  
SUITE 660  
LAKELAND FL 33809

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

59-3602105

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

LEE, SHIAN-SHYAN  
3800 US HWY 98 NORTH  
SUITE 688  
LAKELAND FL 33809

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 MGRM ROBERT & ANNIE INVESTMENTS, INC. ☐ Delete  
STREET ADDRESS 4421 STAFFORDSHIRE DRIVE  
CITY-ST-ZIP LAKELAND FL 33809

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 4120 STAFFORDSHIRE DRIVE  
CITY-ST-ZIP

TITLE NAME MGRM MARTORANA, ANTHONY ☒ Delete  
STREET ADDRESS 6054 CRICKET DRIVE  
CITY-ST-ZIP LAKELAND FL 33813

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400004083804  
CITY-ST-ZIP -04/27/01--01024--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM MAGIC 9, LLC ☒ Delete  
STREET ADDRESS 3903 NORTHDAL BLVD SUITE 150E  
CITY-ST-ZIP TAMPA FL 33624

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

TITLE NAME MGRM BERNARDO, BERNARDITA R ☐ Delete  
STREET ADDRESS 643 N CHESTNUT ROAD  
CITY-ST-ZIP LAKELAND FL 33815

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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: SHIAN-SHYAN LEE

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

1/10/01

Date

(863) 859 2198

Daytime Phone #

CR2E083 (11/00)