

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007535

1. Entity Name
122 COLONIAL LLC

Principal Place of Business
602 E. CHURCH STREET
ORLANDO FL 32801

Mailing Address
602 E. CHURCH STREET
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

59-3607865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORP.
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME VAN BEEK, PIETER H
STREET ADDRESS 602 E. CHURCH STREET
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGR ☐ Delete
NAME RAY, LARRY T
STREET ADDRESS 122 E. COLONIAL DR., #200
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGR ☐ Delete
NAME MITCHELL, CHARLES J JR.
STREET ADDRESS 602 E. CHURCH STREET
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGR ☐ Delete
NAME PIERCE, DAVID R
STREET ADDRESS 602 E. CHURCH STREET
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGR ☐ Delete
NAME HUCKEBA, JAMES C
STREET ADDRESS 122 E. COLONIAL DRIVE #200
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGR ☐ Delete
NAME POWHATAN
STREET ADDRESS 300 INTERSTATE NORTH PARKWAY
CITY-ST-ZIP ATLANTA GA 30339

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300004416023-9
CITY-ST-ZIP -06/12/01-01055-013
*****50.00 *****50.00

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

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

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

TITLE ☒ Change ☐ Addition
NAME BECKY A.
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:

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

Date

Daytime Phone #

FILED

01 MAY 18 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

0005371 AF

CR2E063 (11/00)