

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 12 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L99000007679**  
1. Entity Name  
**MAGNOLIA OF CENTRAL FLORIDA, L.L.C.**

Principal Place of Business 17 SOUTH MAGNOLIA AVENUE ORLANDO FL 32801	Mailing Address 17 SOUTH MAGNOLIA AVENUE ORLANDO FL 32801-2603
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-2811665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SORICH, MICHAEL S**  
17 SOUTH MAGNOLIA AVENUE  
ORLANDO FL 32801

**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 & 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 NAME STREET ADDRESS CITY - ST - ZIP	President Stephen J. Matonis 13265 Kirby Smith Road Orlando, FL 32832	<input type="checkbox"/> Delete MGRM
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Charles J. Lentz 7517 Somerset Shores Orlando, FL 32819	<input type="checkbox"/> Delete MGRM
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary-Treasurer George L. Goodman 7175 Foster Lane Orlando, FL 32818	<input type="checkbox"/> Delete MGRM
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Board Michael Sorich 9408 Wickham Way Orlando, FL 32806	<input type="checkbox"/> Delete MGRM
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Board Paul MacDermott 148 River Oaks Circle Sanford, FL 32771	<input type="checkbox"/> Delete MGRM

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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:** \_\_\_\_\_ **SIGNATURE REQUIRED** **4/25/00** **(407) 843-3377**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #