

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

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

59-2811665

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

SORICH, MICHAEL S
17 SOUTH MAGNOLIA AVENUE
ORLANDO FL 32801

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

10. ADDITIONS/CHANGES

TITLE
NAME
STEPHEN J. MATONIS
STREET ADDRESS
13265 Kirby Smith Road
CITY- ST- ZIP
Orlando, FL 32832
☐ Delete MGRM

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

TITLE
NAME
CHARLES J. LENTZ
STREET ADDRESS
7517 Somerset Shores
CITY- ST- ZIP
Orlando, FL 32819
☐ Delete MGRM

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
300003298899--1
-06/21/00--01048--008
*****50.00 *****50.00

TITLE
NAME
GEORGE L. GOODMAN
STREET ADDRESS
7175 Foster Lane
CITY- ST- ZIP
Orlando, FL 32818
☐ Delete MGRM

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

TITLE
NAME
MICHAEL SORICH
STREET ADDRESS
9408 Wickham Way
CITY- ST- ZIP
Orlando, FL 32806
☐ Delete MGRM

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

TITLE
NAME
PAUL MACDERMOTT
STREET ADDRESS
148 River Oaks Circle
CITY- ST- ZIP
Sanford, FL 32771
☐ Delete MGRM

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED

4/25/00 (407) 843-3377