

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007688**

1. Entity Name

CED CAPITAL HOLDINGS XIV C, L.L.C.

FILED

00 MAR 17 PM 4: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1551 SANDSPUR ROAD
MAITLAND FL 32751**

Mailing Address

**1551 SANDSPUR ROAD
MAITLAND FL 32751-6132**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 4961

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32802

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES OF CENTRAL FLORID
A, INC. 390 NORTH ORNAGE AVENUE, STE 1100
ORLANDO FL 32751**

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 **BROCK, JAY P**
STREET ADDRESS **1551 SANDSPUR ROAD**
CITY- ST- ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **500003179005--3**
-03/22/00--01009--004
*******50.00** ☐ Change ☒ Addition

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **DOODY, TRICIA**
CITY- ST- ZIP **1551 SANDSPUR ROAD**
MAITLAND, FL 32751

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **SCIARRINO, MICHAEL J.**
CITY- ST- ZIP **1551 SANDSPUR ROAD**
MAITLAND, FL 32751

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **GINSBURG, ALAN H.**
CITY- ST- ZIP **1551 SANDSPUR ROAD**
MAITLAND, FL 32751

TITLE ☐ Change ☒ Addition
NAME **MEMBER**
STREET ADDRESS **CED CAPITAL HOLDINGS XI, LTD., a FL limited partnership**
CITY- ST- ZIP **1551 SANDSPUR ROAD**
MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

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

ALAN H. GINSBURG, MANAGER

Date

Daytime Phone #

3-16-00 401/741-8500

CR2ENR3 (9/99)