

2001 UNIFORM BUSINESS REPORT (UBR)

0005628 AF

DOCUMENT # L99000007928

1. Entity Name

G & S PROPERTIES, L.L.C.

FILED

01 MAY -3 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

718 SOUTH LAKE ADAIR
ORLANDO FL 32804

Mailing Address

718 SOUTH LAKE ADAIR
ORLANDO FL 32804

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

59-3620960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPEARS, GLEN K
718 SOUTH LAKE ADAIR
ORLANDO FL 32804

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

10.

ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGRM
SPEARS, GLEN K
STREET ADDRESS
718 SOUTH LAKE ADAIR
CITY-ST-ZIP
ORLANDO FL 32804

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

TITLE NAME ☐ Delete
MGRM
MCMILLAN, SHELLEY S
STREET ADDRESS
3028 PLANTERS WALK COURT
CITY-ST-ZIP
CHARLOTTE NC 28210

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/30/01

Date

407-843-3900

Daytime Phone #

CP2E083 (11/00)