

2000 UNIFORM BUSINESS REPORT (UBR)

0000585 AF

DOCUMENT # L99000008111

1. Entity Name

GINSKO DEVELOPMENT, LLC,

APPROVED
AND
FILED

00 JUN -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1239 E. LAKE COLONY DRIVE
MAITLAND FL 32751

Mailing Address

1239 E. LAKE COLONY DRIVE
MAITLAND FL 32751-6129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

City & State

City & State

4. FEI Number

59-3610947

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GINSBURG, JEFFREY S
1239 E. LAKE COLONY DR.
MAITLAND FL 32751

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
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteD&P
JEFFREY S. GINSBURG, MGRM ☐ Change ☐ Addition
1239 E. LAKE COLONY DR
MAITLAND, FL 32751TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete500003292955-1 ☐ Change ☐ Addition
-06/15/00--01155--025
*****50.00 *****50.00TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete500003292955-1 ☐ Change ☐ Addition
-06/15/00--01155--026
*****5.00 *****5.00TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

11/7/2000 (407) 622-0571

CR2E083 (9/99)