

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008172

1. Entity Name  
CED CAPITAL HOLDINGS XIV M, 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.

3. Mailing Address  
P.O. Box 4961  
Suite, Apt. #, etc.

City & State  
Zip  
Country

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 FLORIDA,  
INC. 390 NORTH ORANGE AVENUE, SUITE 1100  
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 \_\_\_\_\_ (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	MGR BROCK, JAY P 1551 SANDSPUR ROAD MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DOODY, TRICIA 1551 SANDSPUR ROAD MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SCIARRINO, MICHAEL J 1551 SANDSPUR ROAD MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GINSBURG, ALAN H 1551 SANDSPUR ROAD MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

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 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	MEMBER CED CAPITAL HOLDINGS XVI, LTD, a FL limited partnership 1551 SANDSPUR ROAD MAITLAND, FL 32751	<input type="checkbox"/> Change <input checked="" 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
ALAN H. GINSBURG, MANAGER

3-16-00

Date

407/741-8500

Daytime Phone #

CR2E083 (9/99)