

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT #

L99000008493

1. Entity Name

VILLAGE FINANCIAL SERVICES, L.L.C.

00 APR 23 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

ORLANDO, FL

Mailing Address

27 N. SUMMERLIN AVE.  
ORLANDO, FL 32801

2. Principal Place of Business

27 N. SUMMERLIN AVE.

Suite, Apt. #, etc.

3. Mailing Address

27 N. SUMMERLIN AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3614558

Applied For

Not Applicable

Zip

32801

Country

U.S.A.

Zip

32801

Country

U.S.A.

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BARRY L. MILLER  
33 N. SUMMERLIN AVE.  
ORLANDO, FL 32801

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.

(BARRY L. MILLER)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY L. MILLER	
STREET ADDRESS	33 N. SUMMERLIN AVE.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP C. RAMPY	
STREET ADDRESS	27 N. SUMMERLIN AVE.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 OR MANAGER

Date

Daytime Phone #

4/20/00

407-481-8195

CR2E083 (11/99)