

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L99000008539

1. Entity Name

INDIAN TRACE APARTMENTS, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 16 AM 10:34

mf 3/22/00

Principal Place of Business

Mailing Address

2221 LEE ROAD, Suite 20
Winter Park, FL 32789

2. Principal Place of Business

3. Mailing Address

2221 Lee Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 20

City & State

City & State

Winter Park, FL

Zip

Country

Zip

Country

32789

4. FEI Number

59-3612615

Applied For

Not Applicable

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

BERRY WALKER
235 S. Maitland Ave. #216
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

Berry Walker

BERRY WALKER

2/22/00

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
CAROL STOREY
2221 Lee Rd. #20
Winter Park, FL 32789

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4000003188804--9
-03/29/00--01068--016
*****50.00 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
EDWARD STOREY
2221 Lee Rd. #20
Winter Park, FL 32789

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
member
Golden Florida Management
1399 W. State Road 434
Longwood, FL 32750

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Carol R Storey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Managing Member

2/22/00 407-644-6957

Date

Daytime Phone #

CR2E083 (1/199)