

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008667

DOCUMENT #

1. Entity Name

ECK 16 WOODLAND LAKES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 22 AM 8:13

Principal Place of Business

Mailing Address

2. Principal Place of Business

5301 CONROY ROAD

Suite, Apt. #, etc.

SUITE 180

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

ORLANDO FL

City & State

4. FEI Number

59-3612751

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES WHITTALL  
5301 CONROY ROAD SUITE 180  
ORLANDO FL 32811

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

TITLE	MGRM/CEO	<input type="checkbox"/> Delete
NAME	CHARLES WHITTALL	
STREET ADDRESS	5301 CONROY ROAD SUITE 180	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEE J. MAHER	
STREET ADDRESS	5301 CONROY RD STE 180	
CITY-ST-ZIP	ORLANDO FL 32811	
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		<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		
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:

CHARLES WHITTALL

4/20/2000

407 999-9985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)