

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008670

DOCUMENT

1. Entity Name

SHRIJI DEVELOPMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 PM 12:44

Principal Place of Business

Mailing Address

2600 Maitland Center Parkway
Suite 260
Maitland, FL 32751

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

ny 3/22/00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Scott D. Clark
369 N. New York Ave
3rd floor
Winter Park, FL 32789

Name

Charles L. Charlan

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

2600 Maitland Center Pkwy

260

City

Maitland

FL

Zip Code

32751

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 ☐ Delete
NAME Charles L. Charlan
STREET ADDRESS 2600 Maitland Center Pkwy #260
CITY-ST-ZIP Maitland, FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003183809--8
CITY-ST-ZIP --03/24/00--01109--016
*****50.00 *****50.00

TITLE ☐ Delete
NAME Gary F. Brock
STREET ADDRESS 2600 Maitland Center Pkwy #260
CITY-ST-ZIP Maitland, FL 32751

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

TITLE ☐ Delete
NAME Nalin H. Joshi
STREET ADDRESS 2600 Maitland Center Pkwy #260
CITY-ST-ZIP Maitland, FL 32751

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 L. Charlan

3/14/00

407.660.8900

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

Date

Daytime Phone #