

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008848

1. Entity Name

CED CAPITAL HOLDINGS XIV N, L.L.C.

FILED

00 APR 25 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

551 SANDSPUR ROAD
MAITLAND, FL 32751

Mailing Address

P.O. BOX 4961
ORLANDO, FL 32802

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INC CORPORATE SERVICES OF CENTRAL
FLORIDA, INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

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

10.

ADDITIONS/CHANGES

TITLE MGR ☐ Delete
STREET ADDRESS BROCK, JAY P.
CITY-ST-ZIP 1551 SANDSPUR ROAD
MAITLAND, FL 32751

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

TITLE MGR ☐ Delete
STREET ADDRESS DOODY, TRICIA
CITY-ST-ZIP 1551 SANDSPUR ROAD
MAITLAND, FL 32751

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

TITLE MGR ☐ Delete
STREET ADDRESS SCIARRINO, MICHAEL J
CITY-ST-ZIP 1551 SANDSPUR ROAD
MAITLAND, FL 32751

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

TITLE MGR ☐ Delete
STREET ADDRESS GINSBURG, ALAN H.
CITY-ST-ZIP 1551 SANDSPUR ROAD
MAITLAND, FL 32751

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

TITLE ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

MICHAEL J. SCIARRINO, MANAGER

4/21/00

Date

407/741-8500

Daytime Phone #