

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009067

1. Entity Name

BODDORFF FAMILY #1, L.L.C.

Principal Place of Business Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 AM 8:55

2. Principal Place of Business
217 Ponte Vedra Park Drive
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 676
Suite, Apt. #, etc.

Suite 200
City & State
Ponte Vedra Beach, FL
Zip Country
32082

City & State
Ponte Vedra Beach, Florida
Zip Country
32004

4. FEI Number
59-3614439
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
James V. Walker
217 Ponte Vedra Park Drive
Suite 200
Ponte Vedra Beach, Florida 32082

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
JAN 18 2000

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---|---------------------------------|---|--|---|
| ADDRESS ST-ZIP | Manager Thomas C. Boddorff 5610 S. Lake Burkett Lane WinterPark, Florida 32792 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600003178416-2 -03/21/00-01104-005 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ADDRESS ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | inf 3/16/00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. BODDORFF 1/27/00 407-365-0885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #