

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009342

1. Entity Name

FCXM, L.L.C.

Principal Place of Business

5030 West Colonial Drive  
Orlando, Florida 32808

Mailing Address

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

2. Principal Place of Business

5030 West Colonial Drive

Suite, Apt. #, etc.

City & State  
Orlando, Florida

Zip  
32808

Country  
USA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jonathan W. Shirley  
171 Circle Drive  
Maitland, Florida 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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Allen MacArthur MGR  
5030 West Colonial Drive  
Orlando, Florida 32808

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

4-27-2000

CR2E083 (1/99)