

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

05-22-2002 90272 013 ****50.00

DOCUMENT # L99000009344

1. Entity Name

FCXF, L.L.C.

Principal Place of Business

Mailing Address

**4444 CURRY FORD ROAD
ORLANDO FL 32812**

**4444 CURRY FORD ROAD
ORLANDO FL 32812**

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**
59-3710786

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

**SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITLAND FL 32751**

Name

MacArthur, Allen G.

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

4444 Curry Ford Rd

City

Orlando

FL

Zip **32812**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MACARTHUR, ALLEN**
CITY-ST-ZIP **5030 WEST COLONIAL DRIVE
ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
NAME **MGR**
STREET ADDRESS **MacArthur, Allen**
CITY-ST-ZIP **4444 Curry Ford Rd
Orlando FL 32812**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Allen MacArthur

REQUIRED

8/1/02

407-207-2432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)