

2001 UNIFORM BUSINESS REPORT (UBR)

0030897 AB

DOCUMENT # M00000000231

1. Entity Name

WEKIVA WOODS EQUITY ENTERPRISES, L.C.

FILED

01 FEB 23 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2700 INDIAN CREEK BLVD.
OKLAHOMA CITY OK 73120

Mailing Address

2700 INDIAN CREEK BLVD.
OKLAHOMA CITY OK 73120

2. Principal Place of Business

950 Montgomery Rd

Suite, Apt. #, etc.

3. Mailing Address

4221 N. Buffalo St.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Orchard Park, NY

4. FEI Number

73-1450487

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

14127

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSWALD, KENNETH F

600 COURTLAND ST., STE. 110

ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

William T. Gacioc

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

950 Montgomery Rd

City Altamonte Springs FL

Zip Code

32714

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

7000003782737--8
-02/27/01--01081--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME *Managing* ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME *Managing member* ☐ Change ☒ Addition
STREET ADDRESS *William T. Gacioc*
CITY-ST-ZIP *950 Montgomery Rd*
Altamonte Springs, FL 32714

TITLE NAME *Managing member* ☐ Change ☒ Addition
STREET ADDRESS *Katherine Hannon*
CITY-ST-ZIP *4221 N. Buffalo St*
Orchard Park, NY 14127

TITLE NAME *Managing member* ☐ Change ☒ Addition
STREET ADDRESS *Michael T. Gacioc*
CITY-ST-ZIP *4221 N. Buffalo St*
Orchard Park, NY 14127

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Katherine Hannon

Date

1/18/01 716-662-0340

Daytime Phone #

CR2E083 (11/00)