

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90257 046 ****50.00

DOCUMENT # M00000000231

1. Entity Name

WEKIVA WOODS EQUITY ENTERPRISES, L.C.

Principal Place of Business

950 MONTGOMERY RD.
ALTAMONTE SPRINGS FL 32714

Mailing Address

4221 N. BUFFALO ST.
ORCHARD PARK NY 14127

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

73-1450487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GACIOCH

~~GAUCH~~ WILLIAM T

950 MONTGOMERY RD.

ALTAMONTE SPRINGS FL 32711-4

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GAUCH, WILLIAM T
STREET ADDRESS 950 MONTGOMERY RD.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE MGRM ☐ Delete
NAME HANNON, KATHERINE
STREET ADDRESS 4221 N. BUFFALO ST.
CITY-ST-ZIP ORCHARD PARK NY 14127

TITLE MGRM ☐ Delete
NAME GAUCH, MICHAEL T
STREET ADDRESS 4221 N. BUFFALO ST.
CITY-ST-ZIP ORCHARD PARK NY 14127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME GACIOCH, WILLIAM T
STREET ADDRESS 4221 N BUFFALO ST
CITY-ST-ZIP ORCHARD PARK, NY 14127

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

TITLE MGRM ☒ Change ☐ Addition
NAME GACIOCH, MICHAEL T.
STREET ADDRESS 4221 N BUFFALO ST.
CITY-ST-ZIP ORCHARD PARK, NY 14127

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

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:

~~SIGNATURE REQUIRED~~

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

Date

Daytime Phone #

4/26/02 (716) 662-0860

CR2E083 (9/01)