

2001 UNIFORM BUSINESS REPORT (UBR)

0005794 AF

DOCUMENT # M00000000322

1. Entity Name

HAVANA KEY, LLC

FILED

2001 MAY 10 AM 10:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8001 SOUTH ORANGE BLOSSOM TRAIL
RM #1206
ORLANDO FL 32809

Mailing Address
8001 SOUTH ORANGE BLOSSOM TRAIL
RM #1206
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

84-1518698

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARNEY, ROBERT G
8001 SOUTH ORANGE BLOSSOM TRAIL
RM #1206
ORLANDO FL 32809

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004418886--4
-06/14/01--01006--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE *MGR*
NAME John T. Tusso
STREET ADDRESS P.O. Box 35
CITY-ST-ZIP Frisco, CO 80443
☐ Change ☒ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE *MGR*
NAME Robert G. Carney
STREET ADDRESS 8001 S. Orange Blossom Tr. 1206
CITY-ST-ZIP Orlando, FL 32809
☐ Change ☒ Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

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

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

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

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

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

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE _____
NAME _____
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 *John Carney* SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/14/01

CR2E083 (11/00)