

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **100000000 2213**
 1. Entity Name
MV Orlando Northpoint, LLC

APPROVE
AND
FILED

01 MAY 31 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
301 S. College St.
Charlotte NC 28208-0630

2. Principal Place of Business 3. Mailing Address
301 S. College St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Charlotte NC **52-2275200** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
28208-0630 US

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Corporation Service Company Name
1201 Hays St. Street Address (P.O. Box Number is Not Acceptable)
Tallahassee FL 32301 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mountain Ventures, LLC. 301 S. College St. Charlotte, NC 28208-0630	<input type="checkbox"/> Delete mgr	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004335851--3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ron R. Arac** Senior Vice President 5/29/01 704-715-2403
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)



2

ACCOUNT NO. : 072100000032

REFERENCE : 168767 167868A

AUTHORIZATION :

Patricia Pizot

COST LIMIT : \$ 50.0

ORDER DATE : May 31, 2001

ORDER TIME : 10:46 AM

ORDER NO. : 168767-010

CUSTOMER NO: 167868A

CUSTOMER: Beverly Jackson, Legal Asst
First Union Corporation
One First Union Center, Nc0630
Legal Division-31st Floor
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: MV ORLANDO NORTHPOINT, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 MAY 31 AM 11:24

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING