

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001051

1. Entity Name

BADGER ACQUISITION OF ORLANDO LLC

Principal Place of Business

1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address

1717 DIXIE HWY
SUITE 800
FT WRIGHT KY 41011-2784

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

52-2119896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☐ Delete
NAME BADGER ACQUISITION LLC
STREET ADDRESS 1717 DIXIE HWY SUITE 800
CITY-ST-ZIP FT WRIGHT KY

TITLE MGR ☐ Delete
NAME FINN, TRACY
STREET ADDRESS 100 EAST RIVER CENTER BLVD., SUITE 1500
CITY-ST-ZIP COVINGTON KY 41011

TITLE MGR ☐ Delete
NAME ABBOTT, BRADLEY S
STREET ADDRESS 1717 DIXIE HWY SUITE 800
CITY-ST-ZIP FT WRIGHT KY

TITLE MGR ☐ Delete
NAME GREANY, CATHERINE
STREET ADDRESS 100 EAST RIVER CENTER BLVD., SUITE 1500
CITY-ST-ZIP COVINGTON KY 41011

TITLE MGR ☐ Delete
NAME MARSH, THOMAS R
STREET ADDRESS 1717 DIXIE HWY SUITE 800
CITY-ST-ZIP FT WRIGHT KY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME 600003256646--9
STREET ADDRESS -05/18/00--01014--013
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/26/00 (859)426-3069

CR2E083 (9/99)