

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001583

1. Entity Name
ORANGE PARK TOYOTA, LLC

Principal Place of Business
7897 BLANDING BLVD
JACKSONVILLE FL 32244

Mailing Address
7897 BLANDING BLVD
JACKSONVILLE FL 32244

2. Principal Place of Business

3. Mailing Address

515 EAST LAS OLAS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 900

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33301

US

4. FEI Number

52-2135879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

TERRY TAYLOR

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

515 EAST LAS OLAS BLVD.

SUITE 900

City

FT. LAUDERDALE, FL

FL

Zip Code

33301

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 NAME MGR
STREET ADDRESS TT OF ORANGE PARK, INC.
CITY-ST-ZIP 515 EAST LAS OLAS BLVD., SUITE 900
FORT LAUDERDALE FL 33301 ☐ Delete

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 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003819664--4
CITY-ST-ZIP -03/09/01--01006--006
*****50.00 *****50.00

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

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:

~~SIGNATURE REQUIRED~~

TERRY TAYLOR

2/25/01

954-527-4420

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

Date

Daytime Phone #

00020300 AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA