

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90009 044 \*\*\*\*50.00

**DOCUMENT # M99000000432**

1. Entity Name

**WINDSONG LIMITED INTERESTS L.L.C.**

Principal Place of Business

**14700 VILLAGE SQUARE PLACE  
 MIDLOTHIAN VA 23112**

Mailing Address

**14700 VILLAGE SQUARE PLACE  
 MIDLOTHIAN VA 23112**

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 **52-2159062**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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 NAME ☐ Delete  
**MGR ARROWSMITH, ROGER S**  
 STREET ADDRESS **1880 EAGLE HARBOR PKWY**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE NAME ☐ Delete  
**MGR FENCHUK, GARY**  
 STREET ADDRESS **14700 VILLAGE SQUARE PLACE**  
 CITY-ST-ZIP **MIDLOTHIAN VA 23112**

TITLE NAME ☐ Delete  
**MGR PEARSON, KATHRYN**  
 STREET ADDRESS **14700 VILLAGE SQUARE PLACE**  
 CITY-ST-ZIP **MIDLOTHIAN VA 23112**

TITLE NAME ☐ Delete  
**MGR KEEN, ALLEN**  
 STREET ADDRESS **1031 WEST MORSE BLVD., STE. 325**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE NAME ☐ Delete  
**MGR DUBIS, BEVERLY**  
 STREET ADDRESS **1800 EAGLE HARBOR PARKWAY**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE NAME ☐ Delete  
**MGR KOLAR, RON**  
 STREET ADDRESS **1800 EAGLE HARBOR PARKWAY**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition  
**MGR BENJIE BOWMAN**  
 STREET ADDRESS **1880 EAGLE HARBOR PARKWAY**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE NAME ☐ Change ☒ Addition  
**MGR FRANCES POWELL**  
 STREET ADDRESS **14700 VILLAGE SQUARE PLACE**  
 CITY-ST-ZIP **MIDLOTHIAN VA 23112**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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:** *Kathryn H. Pearson* **1/17/02 804-739-3800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)