

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90035 037 \*\*\*\*\*50.00

DOCUMENT # L01000021971

1. Entity Name

FLORIDA CAPITAL MANAGEMENT SERVICES, L.L.C.

**DO NOT WRITE IN THIS SPACE**

80058714

2. Principal Place of Business

**300 International Pkwy**

Suite, Apt. #, etc.

**Suite 1300**

City & State

**Heathrow, FL**

Zip

**32746**

Country

**U.S.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**74-3027205**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

**C. Thomas Selby**

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

**300 International Pkwy**

**Suite 130**

City  
**Heathrow**

**FL**

Zip Code

**32746**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **Member/Director**  
NAME **C. Thomas Selby**  
STREET ADDRESS **300 International Pky Ste 130**  
CITY-ST-ZIP **Heathrow, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Member/Director**  
NAME **Katherine A. Christy**  
STREET ADDRESS **300 International Pky Ste 130**  
CITY-ST-ZIP **Heathrow, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Member/Director**  
NAME **Gary J. Christy**  
STREET ADDRESS **300 International Pky Ste 130**  
CITY-ST-ZIP **Heathrow, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*C. Thomas Selby*  
**C. Thomas Selby**

3-21-02 417-333-1604

CR2E083B (12/01)