

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90057 028 *****55.00

DOCUMENT # L99000003756 ✓

1. Entity Name

CAMERON GROUP ASSOCIATES L.L.C. ✓

Principal Place of Business

600 EAST COLONIAL DRIVE, SUITE 100 ✓
ORLANDO FL 32803

Mailing Address

600 EAST COLONIAL DRIVE, SUITE 100 ✓
ORLANDO FL 32803

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

59-3596447 ✓

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILLARD, JAMES G ESQ ✓
300 SOUTH ORANGE AVENUE, SUITE 1000 ✓
ORLANDO FL 32801

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
 STREET ADDRESS
 CITY-ST-ZIP
MGR
WILLARD, JAMES G ESQ ✓
300 SOUTH ORANGE AVENUE, SUITE 1000
ORLANDO FL 32501 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
RIFE, JOHN M JR ✓
427 SOUTH NEW YORK AVENUE
WINTER PARK FL 32789 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
SCHRIMSHER, J. STEVEN ✓
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
SCHRIMSHER, FRANK L ✓
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
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☐ 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:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing managing member, manager, or authorized representative

Steven Schrimsher 2/01/02 (407) 423-7600

Date

Daytime Phone #

CR2E083 (9/01)