

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M99000001565**

1. Entity Name  
**GOLDEN EAGLE INDUSTRIES, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 1:02

Principal Place of Business  
1733 GUNN HIGHWAY  
ODESSA FL 33556

Mailing Address  
1733 GUNN HIGHWAY  
ODESSA FL 33556



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4600 SW 41st Blvd.**

3. Mailing Address  
**4600 SW 41st Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

4. FEI Number  
**31-1576735**

Applied For  
 Not Applicable

Zip  
**32608-4934**

Country  
**US**

Zip  
**32608-4999**

Country  
**US**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name  
**Henry J. Spurlin**  
Street Address (P.O. Box Number is Not Acceptable)  
**4600 SW 41st Blvd.**  
City  
**Gainesville, FL** Zip Code  
**32608**

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 *Henry J. Spurlin* **Henry J. Spurlin Exec VP & COO** **09/26/00**

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/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Golden Eagle/Satellite Archery 4600 SW 41st Blvd. Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Palmer, Charles L. 312 SE 17th Street, Suite 300 Fort Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Spurlin, Henry J. 4600 SW 41st Blvd. Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ward, Edward B. 4600 SW 41st Blvd. Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900003465149-8</b> <b>-11/16/00--01001--024</b> <b>*****50.00 *****50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Edward B. Ward* **Edward B. Ward Treasurer** **09/26/00** **352-376**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #