

2001 UNIFORM BUSINESS REPORT (UBR)

0024593 AF

DOCUMENT # M99000001565

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

FILED

01 FEB -5 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4600 S.W. 41ST BLVD.
GAINESVILLE FL 32608-4934

Mailing Address
4600 S.W. 41ST BLVD.
GAINESVILLE FL 32608-4934

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **31-1576735**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HENRY J. SPURLIN
4600 S.W. 41ST BLVD.
GAINESVILLE FL 32608-4934

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200003675318-6
-02/12/01--01153--009
****200.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **GOLDEN EAGLE/SATELLITE ARCHERY**
CITY-ST-ZIP **4600 S.W. 41ST BLVD. GAINESVILLE FL 32608-4934**

Change Addition

TITLE Delete
NAME **MGRM**
STREET ADDRESS **PALMER, CHARLES L**
CITY-ST-ZIP **312 S.E. 17TH STREET, SUITE 300 FORT LAUDERDALE FL 33316**

Change Addition

TITLE Delete
NAME **MGR**
STREET ADDRESS **SPURLIN, HENRY J**
CITY-ST-ZIP **4600 S.W. 41ST BLVD. GAINESVILLE FL 32608-4934**

Change Addition

TITLE Delete
NAME **MGR**
STREET ADDRESS **WARD, EDDWARD B**
CITY-ST-ZIP **4600 S.W. 41ST BLVD. GAINESVILLE FL 32608-4934**

Change Addition
WARD, EDWARD B.

TITLE Delete

Change Addition

TITLE Delete

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]* **SIGNATURE REQUIRED** 1-16-01 352-376-2327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)