

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90137 031 \*\*\*150.00

**DOCUMENT # F95000001045**

1. Entity Name  
**EBC LAUDERDALE ENTERPRISES, INC.**



Principal Place of Business  
**ONE EAST BROWARD BLVD  
BARNETT PLAZA STE 700  
FT LAUDERDALE FL 33301  
US**

Mailing Address  
**11465 JOHNS CREEK PARKWAY  
SUITE 300  
DULUTH GA 30097  
US**



2. Principal Place of Business

**EBC LAUDERDALE ENT, INC.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**11465 JOHNS CREEK PARKWAY STE 300**

City & State

City & State

**DULUTH GA**

Zip

Country

Zip

Country

**30097**

**US**

4. FEI Number **58-2152780**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONG, TERESA  
4190 BELFORT RD  
STE 200  
JAX FL 32216**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DYE, TOM</b>	
STREET ADDRESS	<b>11465 JOHNS CREEK PARKWAY, #300</b>	
CITY-ST-ZIP	<b>DULUTH GA 30097</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>DYE, MIKE</b>	
STREET ADDRESS	<b>11465 JOHNS CREEK PARKWAY, #300</b>	
CITY-ST-ZIP	<b>DULUTH GA 30097</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WINCHELL, BRIAN</b>	
STREET ADDRESS	<b>11465 JOHNS CREEK PARKWAY, #300</b>	
CITY-ST-ZIP	<b>DULUTH GA 30097</b>	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/03** **(770) 814-4300**

CR2E034 (10/02)