

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005879

1. Entity Name
CLUBENDEL, L.L.C.

Principal Place of Business
1103 FLORIDA AVENUE, SUITE 4
PALM HARBOR FL 34683

Mailing Address
1103 FLORIDA AVENUE, SUITE 4
PALM HARBOR FL 34683

FILED

01 JAN 19 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name ROSE M. JENKINS

Street Address (P.O. Box Number is Not Acceptable)
1103 FLORIDA AVE.

STE. 4

City PALM HARBOR FL Zip Code 34683

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

1-10-01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR BOUGNIART, LUC A
STREET ADDRESS 1103 FLORIDA AVENUE, SUITE 4
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR MOLENS, CLAUDINE L
STREET ADDRESS 1103 FLORIDA AVENUE, SUITE 4
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E083 (11/00)