

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006739

1. Entity Name

BIG GAME FLORIDA, LLC

Principal Place of Business

Mailing Address

38125 JACKSON ROAD
MORELAND HILLS OH 44022

38125 JACKSON ROAD
MORELAND HILLS OH 44022

2. Principal Place of Business

3. Mailing Address

105 E ORANGE AVE 7160 Chagrin Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

250

City & State

City & State

Daytona Beach, FL

Chagrin falls, Ohio

Zip

Country

Zip

Country

32114

USA

44023

USA

4. FEI Number

59-3653211

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

HOOD, CHARLES D JR
444 SEABREEZE BOULEVARD, SUITE 900
DAYTONA BEACH FL 32118

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 September 26, 2001

800004500098--3
-07/26/01--01060--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME RAYBURN, ANDREW K
STREET ADDRESS 38125 JACKSON ROAD
CITY-ST-ZIP MORELAND HILLS OH 44022 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

FILED

01 JUL 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE