

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007511

1. Entity Name
GOLFLIGHT, LLC

Principal Place of Business
6533 STONINGTON DRIVE
TAMPA FL 33647

Mailing Address
6533 STONINGTON DRIVE
TAMPA FL 33647

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
59-3654599

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

HUMPHRIES, J. B
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

Name
LAURA KEMPTON

Street Address (P.O. Box Number is Not Acceptable)
6533 STONINGTON DR.

City Tampa FL Zip Code 33647

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 *Laura Kempton, Manager*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/01

DATE

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

600004221376--3
-05/17/01--01010--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KEMPTON, ROBERT ☐ Delete
STREET ADDRESS 6533 STONINGTON DRIVE
CITY-ST-ZIP TAMPA FL 33647

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

TITLE MGR
NAME KEMPTON, LAURA ☐ Delete
STREET ADDRESS 6533 STONINGTON DRIVE
CITY-ST-ZIP TAMPA FL 33647

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Laura Kempton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/23/01 Daytime Phone #



DO NOT WRITE IN THIS SPACE

UNIFORM BUSINESS REPORT

CR2E083 (11/00)