

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90082 041 \*\*\*\*50.00

**DOCUMENT # L00000008962**

1. Entity Name

**FULCRUM TOWERS, LLC**



Principal Place of Business

Mailing Address

~~300 GARFIELD AVE., 3RD FLOOR~~  
~~WINTER PARK FL 32789~~

~~300 GARFIELD AVE., 3RD FLOOR~~  
~~WINTER PARK FL 32789~~

956810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 Park Ave. South

3. Mailing Address

250 Park Ave. South

Suite, Apt. #, etc.

Suite 635

Suite, Apt. #, etc.

Suite 635

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

59-3675294

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEISBERG, BARBARA A  
 7231 PANACHE WAY 2ND FL  
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

SEAN P. CAMPBELL

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

401 Cortland Ave

City

Winter Park

FL

Zip Code

32789

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

*SEAN P. CAMPBELL*  
 SEAN P. CAMPBELL

4/25/02

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
 NAME CAMPBELL, SEAN P  
 STREET ADDRESS ~~300 GARFIELD AVE., 3RD FLOOR~~  
 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE MGRM  
 NAME ORTIZ, ANDY  
 STREET ADDRESS ~~300 GARFIELD AVE., 3RD FLOOR~~  
 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS 250 Park Ave. South, Suite 635 ☒ Change ☐ Addition  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS 250 Park Ave South, Suite 635 ☒ Change ☐ Addition  
 CITY-ST-ZIP

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 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:

*SEAN P. CAMPBELL*  
 SEAN P. CAMPBELL

4/25/02

4076227667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)