

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010166

1. Entity Name

CANYON RESOURCES, LLC

Principal Place of Business

Mailing Address

220 EAST MADISON STREET  
SUITE ~~1204~~ 1211  
TAMPA FL 33602

220 EAST MADISON STREET  
SUITE ~~1204~~ 1211  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

220 East Madison St

220 East Madison St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1211

Suite 1211

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33602

USA

33602

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMBLE, SHIRLEY  
220 EAST MADISON STREET  
SUITE ~~1204~~ 1211  
TAMPA FL 33602

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
~~Managing Member Shirley Gamble~~  
220 East Madison St # 1211

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Managing Member Shirley Gamble  
220 East Madison St # 1211  
Tampa FL 33602

☐ Change

☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
200004367252--4  
-06/06/01--01033--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change

☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

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:

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

Date

Daytime Phone #

Shirley Gamble

April 30, 2001

FILED

2001 JUN -7 PM 5:11

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE