

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90205 046 ***158.75

DOCUMENT # L00000010636

1. Entity Name
FURIOSITY, L.C.

Principal Place of Business

Mailing Address

~~20 SOUTH BROAD STREET~~
~~BROOKSVILLE FL 34601~~

~~20 SOUTH BROAD STREET~~
~~BROOKSVILLE FL 34601~~

2. Principal Place of Business

3. Mailing Address

11036 Spring Hill DR

11036 Spring Hill DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill FL

Spring Hill FL

Zip

Country

Zip

Country

34608 USA

34608

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGAN, THOMAS S JR.
20 SOUTH BROAD STREET
BROOKSVILLE FL 35601

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOGAN, THOMAS S JR.
20 SOUTH BROAD STREET
BROOKSVILLE FL 34601 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
~~**MCGALL, DEBORAH**~~
~~**20 SOUTH BROAD STREET**~~
~~**BROOKSVILLE FL 34601**~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JAMES DEMARIA
11036 Spring Hill DR.
Spring Hill, FL 34608 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ 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 REQUIRED** **McCall** **mgr 1-29-02** **352-799-8423**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)