

2001 UNIFORM BUSINESS REPORT (UBR)

0005298 AF

DOCUMENT # L00000013775

1. Entity Name
FLORIDA LACROSSE CAMPS, LLC

FILED

01 MAR 16 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2816 CADY WAY
WINTER PARK FL 32792

Mailing Address
2816 CADY WAY
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

LANIGAN, ERIC A
174 W. COMSTOCK AVE., STE. 105
WINTER PARK FL 32789

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 _____ (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 Delete
STREET ADDRESS
CITY-ST-ZIP
MGRM O'GRADY, THOMAS M
2816 CADY WAY
WINTER PARK FL 32792

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
300003924473--3
-03/28/01--01097--006
*******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____

CR2E083 (11/00)