

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L00000014016**

1. Entity Name

**WIZARD STUDIOS CARRIBEAN L.L.C.**

Principal Place of Business

**14483 62ND STREET NORTH  
CLEARWATER FL 33760**

Mailing Address

**14483 62ND STREET NORTH  
CLEARWATER FL 33760**

2. Principal Place of Business

**10901 Roosevelt Blvd.**

3. Mailing Address

**10901 Roosevelt Blvd.**

Suite, Apt. #, etc.

**Suite 200A**

Suite, Apt. #, etc.

**Suite 200A**

City & State

**St. Petersburg, FL.**

City & State

**St. Petersburg, FL.**

Zip

**33716**

Country

**USA**

Zip

**33716**

Country

**USA**

4. FEI Number

**59-3686980**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BEHM, VICTORIA P**

**405 SECOND STREET SOUTH, SUITE C**

**SAFETY HARBOR FL 34695**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **BRUMFIELD, C. RUSSELL**  
CITY-ST-ZIP **14483 62ND STREET NORTH  
CLEARWATER FL 33760**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10901 Roosevelt Blvd, Suite 200A**  
CITY-ST-ZIP **St. Petersburg, FL 33716**

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

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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: C. Russell Brumfield**

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

Date

Daytime Phone #

**(727) 577-9895**

APPROVED  
AND  
FILED

APR 27 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)