

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014546

1. Entity Name

TAMPA BAY CHAMPIONSHIP RODEO, LLC

FILED

01 OCT -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9155 HIGHLAND RIDGE
TAMPA FL 33647

Mailing Address

9155 HIGHLAND RIDGE
TAMPA FL 33647

2. Principal Place of Business

9633 Handcart Rd
Suite, Apt. #, etc.

3. Mailing Address

9633 Handcart Rd
Suite, Apt. #, etc.

City & State

Dade City FL

City & State

Dade City FL

Zip

Country

33525

Zip

33525

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, WILLIAM B
215 S. MONROE STREET, SUITE 600
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 September 26, 2001

000004637130--8

10/15/01--01079--011

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE OWNER
NAME Thomas N Lange
STREET ADDRESS 9633 Handcart Rd
CITY-ST-ZIP Dade City FL 33525

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

☐ Change ☐ Addition

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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

Thomas N Lange 8-17-01 815 505 0866

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

Date

Daytime Phone #

CR2E083 (5/01)