

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90205 002 \*\*\*\*50.00

**DOCUMENT # L01000003431**

1. Entity Name  
**PUTT N- CUSS FUN PARK, L.L.C.**

Principal Place of Business  
**236-HIGHWAY 98  
 EASTPOINT FL 32328**

Mailing Address  
**189 AVENUE E  
 APALACHICOLA FL 32320**

965750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**236 HIGHWAY 98**  
 Suite, Apt. #, etc.

City & State  
**EASTPOINT FL**

Zip  
**32328**

Country  
**USA**

4. FEI Number  
**59-3705819**

Applied For  
☐ Not Applicable

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**

**FRIEDMAN, MARK  
 48 AVENUE D  
 APALACHICOLA FL 32320**

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 **MGRM** ☐ Delete  
 STREET ADDRESS **CAROL ROBINSON**  
 CITY-ST-ZIP **189 AVE E  
 APALACHICOLA, FL 32320**

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

TITLE  
 NAME **MGRM** ☐ Delete  
 STREET ADDRESS **WILLIAM W. ROBINSON**  
 CITY-ST-ZIP **189 AVE E  
 APALACHICOLA, FL 32320**

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

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 NAME ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 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: Carol Robinson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**5-14-02** **850-670-1211**  
 Date Daytime Phone #

CR2E083 (9/01)