

5/22/2002

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-22-2002 90206 049 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000006892**

1. Entity Name
CENTRAL FLORIDA ADVENTURES, LLC

Principal Place of Business Mailing Address
6925 THORNHILL RD. 6925 THORNHILL RD.
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880

2. Principal Place of Business 3. Mailing Address
6925 THORNHILL RD SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL
Zip
33880
Country
USA

City & State
Country

DO NOT WRITE IN THIS SPACE
59-3725045
FBI Number
~~68-00-10232039~~
Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HAWKS, LEWIS
6925 THORNHILL RD.
WINTER HAVEN FL 33880

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 (NOTE: Registered Agent signature required when re-appointing) DATE

OWNER / MGR
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
LEWIS, HAWKS			
6127 CRYSTAL BEACH RD.			
WINTER HAVEN, FL. 33880			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **L. HAWKS** **5-01-02 863-294-4091**
SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Displaying Phone #

CR2002S (8/01)