

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90114 017 \*\*\*\*50.00

**DOCUMENT # L01000012132**

1. Entity Name

**BIG FIN VENTURES, L.C.**

Principal Place of Business

**1877 SOUTH FEDERAL HIGHWAY  
 ONE ROYAL PALM PLACE - SECOND FLOOR  
 BOCA RATON FL 33432**

Mailing Address

**1877 SOUTH FEDERAL HIGHWAY  
 ONE ROYAL PALM PLACE - ~~SECOND FLOOR~~  
 BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #210**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1126453**

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

**EDWARDS, GREGORY W**

**1877 SOUTH FEDERAL HIGHWAY**

**ONE ROYAL PALM PLACE - ~~SECOND FLOOR~~ Suite 210  
 BOCA RATON FL 33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Gregory W. Edwards*  
 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 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME **The Gregory W. Edwards,** ☐ Delete  
 STREET ADDRESS **Revocable Trust**  
 CITY-ST-ZIP **1877 South Federal Hwy., Suite 210**  
**Boca Raton, FL 33432**

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

TITLE  
 NAME **Member** ☐ Delete  
 STREET ADDRESS **Christian D. Spieker**  
 CITY-ST-ZIP **2831 Maring Circle**  
**Lighthouse Point, FL 33064**

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Gregory W. Edwards*  
**REQUIRED**

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

**7/31/2002**

Date

**561-271-3358**

Daytime Phone #

CR2E083 (4/02)