

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014013

1. Entity Name

CAMP CREEK ENTERPRISES LLC

Principal Place of Business

550 SEABREEZE CIRCLE  
PANAMA CITY BEACH FL 32413

Mailing Address

PO BOX 611426  
ROSEMARY BEACH FL 32461

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90017 038 \*\*\*\*50.00  
05-13-2002 90207 008 \*\*\*\*50.00

960978

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3755485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORR, JAMES J  
550 SEABREEZE CIRCLE  
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name: Claudia A. Morr  
Street Address (P.O. Box Number is Not Acceptable):  
550 Seabreeze Circle  
Panama City Beach  
City: FL Zip Code: 32413

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

Claudia A. Morr

(NOTE: Registered Agent signature required when reinstating)

5/20/02

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE: MEMBER  
NAME: JAMES J MORR  
STREET ADDRESS: 550 SEABREEZE CIR  
CITY-ST-ZIP: PANAMA CITY BEACH FL 32413

☒ Delete

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NAME:   
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10. ADDITIONS/CHANGES

TITLE: MEMBER  
NAME: CLAUDIA A MORR  
STREET ADDRESS: 550 SEABREEZE CIR  
CITY-ST-ZIP: PANAMA CITY BEACH FL 32413

☐ Change

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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:

JAMES J MORR  
James J Morr

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

5/20/02

Date

Daytime Phone #

850-231-0527

CR2E083 (9/01)