

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90024 013 \*\*\*\*50.00

**DOCUMENT # L01000016368**

1. Entity Name

**ASSOCIATION MANGEMENT SPECIALISTS, LLC**

Principal Place of Business

**1633 E. VINE STREET  
 SUITE 206  
 KISSIMMEE FL 34744**

Mailing Address

**1633 E. VINE STREET  
 SUITE 206  
 KISSIMMEE FL 34744  
 US**

2. Principal Place of Business

**526 Simpson Rd**

Suite, Apt. #, etc.

3. Mailing Address

**526 Simpson**

Suite, Apt. #, etc.

City & State

**Kissimmee, FL**

City & State

**Kissimmee, FL**

Zip

**34744**

Country

**USA**

Zip

**34744**

Country

**USA**

4. FEI Number

**59-3749381**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GINKEL, KATHERINE C  
 1633 E. VINE STREET  
 SUITE 206  
 KISSIMMEE FL 34744**

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

*Katherine C Ginkel*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/07/02**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **Partner** ☐ Delete  
 NAME **Katherine C Ginkel**  
 STREET ADDRESS **526 Simpson Road**  
 CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE **Partner** ☐ Delete  
 NAME **Debbie Hawkins**  
 STREET ADDRESS **2292 Calle Riscoso**  
 CITY-ST-ZIP **Thousand Oaks, CA 91362**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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** *Katherine C Ginkel* **REQUIRED**

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

**1/7/02**

Date

Daytime Phone #

**407-933-7879 n**  
**407-932-0084**

CR2E083 (9/01)