

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017924

1. Entity Name
ENDEAVOR CAPITAL FUND, LLC

Principal Place of Business

901 CHESTNUT STREET
SUITE A
CLEARWATER FL 33756

Mailing Address

PO BOX 3880
CLEARWATER FL 33767

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

COUTURE, STEPHEN R
901 CHESTNUT STREET
SUITE A
CLEARWATER FL 33756

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 _____
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HENDERSON, EDWARD
901 CHESTNUT STREET, SUITE A
CLEARWATER FL 33756 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COUTURE, STEPHEN R
901 CHESTNUT STREET, SUITE A
CLEARWATER FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

STEPHEN R COUTURE

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

4-29-02

Date

727 447-5511

Daytime Phone #

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90579 023 ****50.00

957378



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)