

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90025 027 \*\*\*\*50.00

**DOCUMENT # L01000021503**

1. Entity Name

**MOOSE LODGE CONSULTING, LLC**



Principal Place of Business

**255 SOUTH ORANGE AVENUE, SUITE 800  
ORLANDO FL 32801**

Mailing Address

**255 SOUTH ORANGE AVENUE, SUITE 800  
ORLANDO FL 32801**

2. Principal Place of Business

**8280 College Parkway**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**Suite 103**

Suite, Apt. #, etc.

City & State

**Ft. Myers, Florida**

City & State

Zip

**33919**

Country

**USA**

Zip

Country

6. Name and Address of Current Registered Agent

**GREELEY, JOHN P**

**255 SOUTH ORANGE AVENUE, SUITE 800  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

**K. Michael Swann**

Street Address (P.O. Box Number is Not Acceptable)

**301 East Pine Street, Suite 1020**

City

**Orlando**

**FL**

Zip Code

**32801**

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

*K. Michael Swann*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/13/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RIEDEL, KENT E  
8280 COLLEGE PKWY SUITE 103  
FORT MYERS FL 33919** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

*K. Michael Swann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

**2/13/03**

DAYTIME PHONE #

**739-433-9114**

CR2E083 (10/02)