

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90035 037 *****50.00

DOCUMENT # L01000021971

1. Entity Name

FLORIDA CAPITAL MANAGEMENT SERVICES, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 International Pkwy

Suite, Apt. #, etc.

Suite 1300

City & State

Heathrow, FL

Zip

32746

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

74-3027205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

C. Thomas Selby

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

300 International Pkwy

Suite 130

City

Heathrow

FL

Zip Code

32746

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Member/Director
NAME C. Thomas Selby
STREET ADDRESS 300 International Pky Ste 130
CITY-ST-ZIP Heathrow, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Member/Director
NAME Katherine A. Christy
STREET ADDRESS 300 International Pky Ste 130
CITY-ST-ZIP Heathrow, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Member/Director
NAME Gary J. Christy
STREET ADDRESS 300 International Pky Ste 130
CITY-ST-ZIP Heathrow, FL 32746

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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:

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

Date

Daytime Phone #

C. Thomas Selby 3-2102 417-333-1604

CR2E083B (12/01)