

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90123 043 ****55.00

DOCUMENT # L01000022585

1. Entity Name

MAVERICK MANAGEMENT, LLC

DO NOT WRITE IN THIS SPACE

924106

2. Principal Place of Business

1010 Johns Pointe Dr.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER GARDEN, FL

City & State

4. FEI Number

80-0025534

Applied For

Not Applicable

Zip

Country

34787

USA

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAMES J COSTELLO JR

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

1010 Johns Pointe Dr.

City

WINTER GARDEN

FL

Zip Code

34787

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]

JAMES J COSTELLO JR.

2/8/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
JAMES J COSTELLO JR
MANAGING MEMBER, PRESIDENT
1010 Johns Pt. Dr.
WINTER GARDEN FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
JEREL M. MILLER
1017 Johns Pt. Dr.
WINTER GARDEN FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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]

JAMES J COSTELLO JR. MM

2/8/02

407 656 8689

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

Date

Daytime Phone #

CR2E083B (12/01)