

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90040 015 \*\*\*\*50.00

**DOCUMENT # L02000022774**

1. Entity Name  
**FLORIDA CURLING CLUB, LLC**



Principal Place of Business

**1003 SOUTH OSPREY AVE.  
SARASOTA FL 34236**

Mailing Address

**1003 SOUTH OSPREY AVE.  
SARASOTA FL 34236**

2. Principal Place of Business

**1800 ALTA VISTA STREET**

3. Mailing Address

**P.O. Box 4234**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FLORIDA**

City & State

**SARASOTA FLORIDA**

4. FEI Number

**55-0797743**

Applied For

Not Applicable

Zip

**34236**

Country

**USA**

Zip

**34230-4234**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUICKER, MICHAEL J ESQ.  
240 N. WASHINGTON BLVD., STE 325  
SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael J. Quicker Esq.*

**MICHAEL J. QUICKER, ESQ**

**1/31/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGR**  
STREET ADDRESS **RICHARD ROSA**  
CITY-ST-ZIP **1800 ALTA VISTA STREET  
SARASOTA FLORIDA 34236**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
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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: *Richard Rosa* **SIGNATURE REQUIRED**

**1/27/03 9413302386**

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

Date

Daytime Phone #

CR2E083 (10/02)