

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93000000087**

1. Entity Name

~~J. J. K. COMPANY, L.C.~~ *NIC filed 2-1-00*

USAventure Company L.C.

Principal Place of Business

500 COCOA BEACH CAUSWAY
COCOA BEACH FL 32531

Mailing Address

6455 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952-6504

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -1 AM 8:47



2. Principal Place of Business

6455 S. Tropical Trail

3. Mailing Address

6455 S. Tropical Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island

City & State

Merritt Island

Zip

32952

Country

USA

Zip

32952

Country

USA

4. FEI Number

59-3260905

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOBEL, HEINZ A
6455 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **KNOBEL, HEINZ**
CITY-ST-ZIP **6455 S. TROPICAL TRAIL**
MERRITT ISLAND FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300003121773--7**
CITY-ST-ZIP **-02/03/00--01008--003**
*******25.00 *****50.00**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1.20.2000 321 258 9090