

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

0006389 AF

DOCUMENT # **L93000000087**

1. Entity Name

USADVENTURE COMPANY L.C.

01 APR 23 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**6455 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952**

Mailing Address

**6455 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3260905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500004134345-05
-05/03/01-01116-014
*******50.00 *****50.00**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE

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

Date

Daytime Phone #

CR2E083 (11/00)