

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000139

1. Entity Name

CAMAC, L.L.C.

Principal Place of Business

8819 S. BAY DRIVE  
ORLANDO FL 32819

Mailing Address

8819 S. BAY DRIVE  
ORLANDO FL 32819

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

59-7181858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREY, CHARLES C  
8819 S. BAY DRIVE  
ORLANDO FL 32819

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  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGRM  
FREY, CHARLES C  
8819 S. BAY DRIVE  
ORLANDO FL 32819

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGRM  
FREY, DIANA M  
8819 S. BAY DRIVE  
ORLANDO FL 32819

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGRM  
FREY, MATTHEW C  
8819 S. BAY DRIVE  
ORLANDO FL 32819

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGRM  
FREY, JOYCE A  
8819 S. BAY DRIVE  
ORLANDO FL 32819

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGRM  
FREY, NICOLE A  
8819 S. BAY DRIVE  
ORLANDO FL 32819

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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 REQUIRED CHARLES FREY 1/5/02 407-8767047

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

Date

Daytime Phone #

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90019 049 \*\*\*\*\*50.00

902152



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)