

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001757

1. Entity Name

A CAMERON WYNN ENTERPRISE, L.C.

Principal Place of Business

3401 SUNRISE TRAIL  
PORT CHARLOTTE FL 33952

Mailing Address

3401 SUNRISE TRAIL  
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3642-C Tamiami TR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Zip

33952

Country

Charlotte

Zip

Country

4. FEI Number

65-0867999

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WYNN, ADAM CAMERON  
12044 TIFT CIRCLE  
ORLANDO FL 32826

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 NAME MGRM WYNN, ADAM CAMERON  
STREET ADDRESS 3401 SUNRISE TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE NAME MGRM WYNN, SUSAN CAROL  
STREET ADDRESS 3401 SUNRISE TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM WYNN, STEPHEN DOUGLAS  
STREET ADDRESS 3401 SUNRISE TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE NAME MGRM WYNN, STEPHEN CALEB  
STREET ADDRESS 3401 SUNRISE TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

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*

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

Date

Daytime Phone #

1-12-01 944-629-6421

FILED

01 JAN 17 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)