

# 2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

**DOCUMENT # L98000002364**

1. Entity Name

**AFFINITY MANAGEMENT CONSULTING GROUP, L.L.C.**

FILED

01 MAR -5 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE;

Principal Place of Business

Mailing Address

737 HUNT CLUB TRAIL  
PORT ORANGE FL 32127

P.O. BOX 290092  
PORT ORANGE FL 32129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3546172

Applied For

Not Applicable

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

**EVANS, CLIFFORD**  
737 HUNT CLUB TRAIL  
PORT ORANGE FL 32127

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

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGR**  
**EVANS, CLIFFORD**  
STREET ADDRESS  
737 HUNT CLUB TRAIL  
CITY-ST-ZIP  
PORT ORANGE FL 32127

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**500003829035--4**  
**03/09/01--01124--003**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
**MGR**  
**IRVINE, JOHN**  
STREET ADDRESS  
737 HUNT CLUB TRAIL  
CITY-ST-ZIP  
PORT ORANGE FL 32127

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**MGR**  
**MARCINKO, JOHN**  
STREET ADDRESS  
737 HUNT CLUB TRAIL  
CITY-ST-ZIP  
PORT ORANGE FL 32127

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete

TITLE NAME  Change  Addition  
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: *Clifford Evans* **CLIFFORD EVANS** Feb 20/01 904-788-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)