

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90571 003 ****55.00

DOCUMENT # L99000000615

1. Entity Name

FAIRCOUNT L.L.C.



Principal Place of Business

**2701 ROCKY POINT DR.
SUITE 220
TAMPA FL 33607**

Mailing Address

**2701 ROCKY POINT DR.
SUITE 220
TAMPA FL 33607**

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 **59-3731425**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



20003446

**FAIRCOUNT INTERNATIONAL, INC.
2701 N. ROCKY POINT DRIVE, #220
TAMPA FL 33607**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
MGRM FAIRCOUNT INTERNATIONAL, INC. 2701 ROCKY POINT DR. TAMPA FL 33607	☐		☐
MGRM FAIRCOUNT LIMITED 5 ELLA MEWS, LONDON NW3 2NH UNITED KINGDOM	☐		☐
	☐		☐
	☐		☐
	☐		☐
	☐		☐

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: SCOTT JEFFERSON ROSS JOHNSON

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

1/10/03

Date

813 639 1900

Daytime Phone #

CR2E083 (10/02)