

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003756

1. Entity Name

CAMERON GROUP ASSOCIATES L.L.C.

Principal Place of Business

600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

Mailing Address

600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803-4647

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

59-3596447

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

WILLARD, JAMES G ESQ
20 NORTH ORANGE AVENUE, SUITE 100
ORLANDO FL 32801

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 MGR
WILLARD, JAMES G ESQ
STREET ADDRESS 20 NORTH ORANGE AVENUE, SUITE 1000
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

TITLE NAME MGR
RIFE, JOHN M JR
STREET ADDRESS 427 SOUTH NEW YORK AVENUE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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

TITLE NAME MGR
SCHRIMSHER, J. STEVEN
STREET ADDRESS 600 EAST COLONIAL DRIVE, SUITE 100
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

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

TITLE NAME MGR
SCHRIMSHER, FRANK L
STREET ADDRESS 600 EAST COLONIAL DRIVE, SUITE 100
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Steven Schrimsher

4/10/00

Date

(407) 423-7600

Daytime Phone #

APPROVED
AND
FILED

00 APR 22 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)