

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -1 PM 6:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004274

1. Entity Name  
LAMBERHURST ASSOCIATES, L.L.C.

Principal Place of Business

1315 E 5TH AVE  
TAMPA FL 33605

Mailing Address

1315 E 5TH AVE  
TAMPA FL 33605

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

59-3615064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J  
201 N FRANKLIN ST  
SUITE 2300  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Wolfe, Randolph J  
Street Address (P.O. Box Number is Not Acceptable)  
100 North Tampa Street  
Suite 2700  
City Tampa FL Zip Code 33602

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 Randolph J. Wolfe Randolph J. Wolfe, Registered Agent 3/23/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NO. W/III-FEE IS \$50.00  
Make Check Payable to Department of State

100004275041--3  
-05/21/01--01193--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME BENEDIK, DAGMAR  
STREET ADDRESS 1315 E 5TH AVE  
CITY-ST-ZIP TAMPA FL 33605

TITLE MGRM ☐ Delete  
NAME ARKELL SMITH, MICHAEL A  
STREET ADDRESS NA PANKRACI 103 PRAHA 4  
CITY-ST-ZIP CZECH REPUBLIC

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MAR 16, 2001 (813) 248-3132

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CR2E083 (11/00)