

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004652

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:40

ny 3/27



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2300 CORPORATE BOULEVARD, N.W., SUITE 131
BOCA RATON FL 33431

Mailing Address
2300 CORPORATE BOULEVARD, N.W., SUITE 131
BOCA RATON FL 33431-7345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPRINKLE, PHILIP M II, ESQ
777 SOUTH FLAGLER DRIVE, SUITE 900
EAST TOWER
WEST PALM BEACH FL 33401

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
STREET ADDRESS
CITY- ST- ZIP

MGRM
GERALD B. COFFEY AND ASSOCIATES, INC.
3020 CANTERBURY DRIVE
BOCA RATON FL 33434

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

4000003188924--5

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
J&L SALES AGENCY, INC.
811 N.E. 77TH STREET
BOCA RATON FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

--03/29/00--0107440000 Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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:

Karen A. Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/26/00 (561) 988-7475

CR2E083 (9/99)