

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99060004652**

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

FILED

01 FEB 15 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

65-0934351

4. FEI Number
APPLIED FOR

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

**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 terminating)

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
**900003708709--6
-02/19/01--01011--008
*****50.00 *****50.00** ☐ Change ☐ Addition

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
**MGRM
BRIAN MOCK INC.
316 LAKE BRITTANY COURT
HEATHROW, FL 32746** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Change ☐ Addition

TITLE
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JIM ANTONZETTA 1/12/01 561-988-2475

0014381 AF

CR2E083 (11/00)