## 2001 UNIFORM BUSINESS REPORT (UBR)

ZOUI ONIFONM BOSINESS REPONT (OBN)														
DOCU 1. Entity Nam	MENT	# L9900	000	08700							En			
CIRCLE F DUDE RANCH CAMP, L.L.C.								FILED						
		·. ·					·			016	EB 12	PM 12:	30	
Principal Place of Business Mailing Address PO BOX 888 4800 NORTH FEDERAL HWY								SECRETARY OF STATE						
PO BOX 888 4800 NORTH FE  LAKE WALES FL 33859 SUITE 210-A								SECRETARY OF STATE TALLAHASSEE, FLORIDA						
US BOCA RATON FL 33431									:   <b>116  8</b>    <b>6 16</b>    <b>1</b>				BEIN BEN KEEL	
2. Principal Place of Business  3. Mailing Address								r						
Suite, Apt.	#, etc.		Su	Suite, Apt., #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	e			City & State					4. FEI Number Applied For					
-			1	Soca Ka	toc	<u> </u>	_		59	-3615676		No	t Applicable	
Zip	ip Country		33431		Country LLSA							\$5.00 Add Fee Require		
	6. Name	and Address of Current	Registe	ered Agent		Name		7. Name	and Addres	s of New R	egistered /	Agent		
ALT LES S									· · ·	· -		•		
4800 NORTH FEDERAL HWY, STE 210-A  Street Address (P.O. Box Number is Not Acceptable)														
BOCA RATON FL 33431														
						City					FL	Zip Cod	9	
8. The above	named entity	submits this statement for	r the pu	rpose of changing its	registere	ed office o	r registere	ed agent, o	or both, in the	State of Flo	rida.			
SIGNATURE .														
	Signature, typed o	r printed name of registered agent	and title if a	applicable. (NOTE	: Registere	d Agent signat	ture required v	when reinstatii		003	DATE	9971		
				FILE NO					-U. "" ""	-02/20	)/011	01103		
				Make Check Pag	yable t	o Depart	tment of	State		未未未未	50.00	****	50.00	
9.	T	MANAGING MEMB	ERS/ME		10.		100 0 0	o	A	DDITIONS/	CHANGES			
TITLE NAME	MGR MENKHALI	IS, DAVID J		☐ Delete	TITLE NAM:		Men		s, Dau	nid 3.		Change	☐ Addition	
STREET ADDRESS	4800 N. F	EDERAL HIGHWAY, SI	UITE 2	10-A		ET ADDRESS	2424	/ N.	Federa	my	1, 3411	te 160		
CITY-ST-ZIP TITLE	1	TON FL 33431		Delete	CITY	-ST-ZIP	MG		ton, F	<u> </u>	43/	Change	☐ Addition	
NAME	MGR ALT, LES	s		LJ Delete	NAM		AIT	Les	S.	. 11		Man cuantia	∐ Addition	
STREET ADDRESS CITY-ST-ZIP	4800 N. F	EDERAL HIGHWAY, SI	UITE 2	10-A		ET ADDRESS - ST-ZIP	2424	No.	S. Federa Hon	I HU	N. #	160		
TITLE	MGR	TON FL 33431		□ Delete	TITLE	-	Doc	a Ko	70N	<u> </u>	372	Change	☐ Addition	
NAME	WELLS, PA				NAM	E			_	_				
STREET ADDRESS CITY-ST-ZIP		199TH STREET IAMI BEACH FL 33180	1			ET ADDRESS -ST-ZIP			-	-				
TITLE	NORTH	AMI DEACHTE SO ICC	<u> </u>	☐ Delete	TITLE	<del></del>						☐ Change	Addition	
NAME					NAM									
STREET ADDRESS CITY-ST-ZIP						et address -st-zip								
TITLE				☐ Delete	TITLE				As/		•	Change	Addition	
NAME STREET ADDRESS					NAM. STRE	et adoress			Jyy					
CITY-ST-ZIP	e= \				CITY	-ST-ZIP								
TITLE "				☐ Delete	TITLE NAMI							Change	■ Addition	
STREET ADDRESS						et address							į	
CITY-ST-ZIP	<u> </u>				<del> </del>	-ST-ZIP								
indicated	on this report	information supplied with is true and accurate and	that my	signature shall have to	he same	iegal effe	ct as if ma	ade under	oath; that I a					
ilmited lia	Dility company.	y or the receiver or trustee	empov		•				rida Statutes.	, ,				
SIGNAT	URF∙ 🌣	J JIME		HI C. Da	vid:	15 Mer	nkhau	5	$\tilde{\mathcal{Z}}_{i}$	19/0/	570	1-394-	1910	
J.W.171	SIGNATURE A	ND TYPED OR PRINTED NAME O	F SIGNING	MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED	REPRESEN	TATIVE	Date	, , - (	D	aytime Phone #		