

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90188 006 \*\*\*\*50.00

**DOCUMENT # L99000008700**

1. Entity Name

**CIRCLE F DUDE RANCH CAMP, L.L.C.**

Principal Place of Business

**PO BOX 888  
 LAKE WALES FL 33859  
 US**

Mailing Address

**2424 NORTH FEDERAL HWY  
 SUITE 160  
 BOCA RATON FL 33431  
 US**

2. Principal Place of Business

3. Mailing Address

**2424 North Federal Hwy**

Suite, Apt. #, etc.

**Suite 456**

City & State

**Boca Raton FL 33431**

Zip

**33431**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3615676**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ALT, LES S  
 4800 NORTH FEDERAL HWY, STE 210-A  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 MENKHAUS, DAVID J  
 2424 N. FEDERAL HWY, SUITE 160  
 BOCA RATON FL 33431** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 menkhaus, David J.  
 2424 N. Federal Hwy #456  
 Boca Raton, FL** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 ALT, LES S  
 2424 N. FEDERAL HWY #160  
 BOCA RATON FL 33431** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 Alt, Les S.  
 2424 N. Federal Hwy #456  
 Boca Raton, FL 33431** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 WELLS, PAUL  
 2430 NE 199TH STREET  
 NORTH MIAMI BEACH FL 33180** ☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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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

**4/24/02 301-394-7910**

Date

Daytime Phone #

CR2E083 (9/01)