

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002239

1. Entity Name
CAMP LVH, LLC

Principal Place of Business
1824 HILLDALE RD.
DURHAM NC 27705

Mailing Address
1824 HILLDALE RD.
DURHAM NC 27705



DO NOT WRITE IN THIS SPACE

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 56-2420558
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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PRESIDENT ☐ Delete
NAME P. D. RODEN
STREET ADDRESS 1824 HILLDALE ROAD
CITY-ST-ZIP DURHAM NC 27705

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

TITLE EXECUTIVE VP & CFO ☐ Delete
NAME FRANCIS J. PROTO
STREET ADDRESS 1824 HILLDALE ROAD
CITY-ST-ZIP DURHAM NC 27705

TITLE ☐ Change ☐ Addition
NAME 700004211917-5
STREET ADDRESS -05/11/01--01083--020
CITY-ST-ZIP *****100.00 *****50.00

TITLE SECRETARY & TREASURER ☐ Delete
NAME STEVEN HAFT
STREET ADDRESS 1824 HILLDALE ROAD
CITY-ST-ZIP DURHAM NC 27705

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 REQUIRED

4/10/01

919-384-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0026067 AF

CR2E083 (11/00)