

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90067 001 ****50.00

DOCUMENT # M01000002542

1. Entity Name

FLORIDA ROWING CENTERS, LLC

Principal Place of Business

**1445 NORTHWOLD DR.
 ATLANTA GA 30350**

Mailing Address

**1445 NORTHWOLD DR.
 ATLANTA GA 30350**

2. Principal Place of Business

11924 Forest Hill Blvd

Suite, Apt. #, etc.

Suite 22-326

City & State

Wellington FL

Zip

33414

Country

USA

3. Mailing Address

11924 Forest Hill Blvd

Suite, Apt. #, etc.

Suite 22-326

City & State

Wellington FL

Zip

33414

Country

USA



DO NOT WRITE IN THIS SPACE

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

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

Name

Robert J. Wolfe

Street Address (P.O. Box Number is Not Acceptable)

1290 Crown Point

City

Wellington

FL

Zip Code

33414

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 **MGR** ☒ Delete
 NAME **HAYNES, TODD**
 STREET ADDRESS **1839 POLO LAKE DRIVE EAST**
 CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **WOLFE, ROBERT**
 CITY-ST-ZIP **PINETWIG FARM, 135 WERTSVILLE ROAD**
RINGOES NJ 08551

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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:

Robert J. Wolfe

4/26/02

609 452-7219

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

Date

Daytime Phone #

CR2E083 (9/01)