

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90010 031 ****50.00

DOCUMENT # L00000015192

1. Entity Name

MCCARTHY PROPERTIES, LLC

Principal Place of Business

**215 KINGSTON AVE.
 DAYTONA BEACH FL 32114**

Mailing Address

**804 S. BEACH
 DAYTONA FL 32114**

2. Principal Place of Business

3. Mailing Address

3 Pine Bluff Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ormond Bch

City & State

City & State

Ha

Zip

Country

Zip

Country

32174 - USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3686485

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

**MCCARTHY, WILLIAM B
 824 S. BEACH STREET
 DAYTONA BEACH FL 32114**

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
**MGRM
 MCARTHY, LISA
 824 S. BEACH ST.
 DAYTONA FL 32114** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**3 Pine Bluff Trail
 Ormond Bch Ha 32174** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 #

1-7-02

CR2E083 (9/01)