

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90904 001 \*\*\*100.00

**DOCUMENT # L02000030804**



1. Entity Name  
**J & B CATALINA CLUB APARTMENTS, LLC**

Principal Place of Business  
**1970 MICHIGAN AVENUE - BLDG C  
COCOA FL 32922**

Mailing Address  
**1970 MICHIGAN AVENUE - BLDG C  
COCOA FL 32922**

2. Principal Place of Business  
**1090 Loring Drive**

3. Mailing Address  
**610 Joseph Anisko  
1 Glenview Drive**

City & State  
**Marrit Island Florida**

City & State  
**Watchung NJ**

4. FEI Number  
**01-0652963**

Applied For  
Not Applicable

Zip  
**32953**

Country  
**USA**

Zip  
**07060**

Country  
**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WATSON, VICTOR M  
1970 MICHIGAN AVENUE - BLDG C  
COCOA FL 32922**

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM ANISKO, JOSEPH 1 GLENVIEW DRIVE WATCHUNG NJ 07060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ANISKO, EUGENIA 1 GLENVIEW DRIVE WATCHUNG NJ 07060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**2-20-2003**

**908-753-7166**

Date

Daytime Phone #

CR2E083 (10/02)