

2000 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

00 APR 27 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJM

DOCUMENT # L94000000458

1. Entity Name
GAERTNER/WEBER FLORIDA'S BEST BEACH INVESTMENT C

Principal Place of Business: **5301 CONROY ROAD, SUITE 140 ORLANDO FL 32811**
Mailing Address: **5301 CONROY ROAD, SUITE 140 ORLANDO FL 32811-3551**

2. Principal Place of Business: [Blank]
3. Mailing Address: [Blank]

Suite, Apt. #, etc.: [Blank]

City & State: [Blank]

Zip: [Blank] Country: [Blank]

4. FEI Number: **59-3291196**

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

LANE, PAUL C
5301 CONROY ROAD, SUITE 140
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] **FL** Zip Code: [Blank]

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, 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

400003249644--E
-05/12/00--01010--022
*******50.00 *****50.00**

MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
<input type="checkbox"/> Delete	MGRM GAERTNER, JOHANN 5401 S. KIRKMAN ROAD, SUITE 500 ORLANDO FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 5301 Conroy Road, Suite 140 Orlando Florida 32811
<input type="checkbox"/> Delete	MGRM WEBER, ANDREA 5401 S. KIRKMAN ROAD, SUITE 500 ORLANDO FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 5301 Conroy Road, Suite 140 Orlando Florida 32811
<input type="checkbox"/> Delete	MGR LANE, PAUL C 5401 S. KIRKMAN ROAD, SUITE 500 ORLANDO FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 5301 Conroy Road, Suite 140 Orlando Florida 32811
<input type="checkbox"/> Delete	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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]* **14/04/2000** **407-316-0343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)