

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002920

1. Entity Name
MARINER BEACH CLUB, L.L.C.

SERENATA

Principal Place of Business
1548 THE GREENS WAY, SUITE 4
JACKSONVILLE BEACH FL 32250

Mailing Address
1548 THE GREENS WAY, SUITE 4
JACKSONVILLE BEACH FL 32250-2468

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

59-3578839

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

FLETCHER, PAUL Z
1548 THE GREENS WAY, SUITE 4
JACKSONVILLE BEACH FL 32250

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FLETCHER, JEROME S
1548 THE GREENS WAY, SUITE 4
JACKSONVILLE BEACH FL 32250 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FLETCHER, PAUL Z
1548 THE GREENS WAY, SUITE 4
JACKSONVILLE BEACH FL 32250 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MELCHING, STEPHEN D
1548 THE GREENS WAY, SUITE 4
JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
0000003198280--4
-04/06/00--01099 Change 19
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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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
Stephen D. Melching, Managing Member

2/4/00

904-285-6921

Date

Daytime Phone #

CR2E083 (9/99)

FILED

00 MAR 21 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE