

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009000

1. Entity Name

1450 FLAGLER AVENUE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 10 PM 1:02

LA
6/10

Principal Place of Business

1450-3 SNA MARCO BLVD.
JACKSONVILLE FL 32207

Mailing Address

1450-3 SNA MARCO BLVD.
JACKSONVILLE FL 32207

2. Principal Place of Business

1450-3 San Marco Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1450-3 San Marco Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

Zip Country
32207 US

City & State
Jacksonville, FL

Zip Country
32207 US

4. FEI Number

☒ 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

CESERY, WILLIAM R JR.
1450-3 SNA MARCO BLVD.
JACKSONVILLE FL 32207

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 ☐ Delete
Member
STREET ADDRESS William R. Cesery, Jr.
CITY-ST-ZIP 1450-3 San Marco Blvd.
Jacksonville, FL 32207

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

TITLE NAME ☐ Delete
Member
STREET ADDRESS Barbara H. Cesery
CITY-ST-ZIP 1450-3 San Marco Blvd.
Jacksonville, FL 32207

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Signature of William R. Cesery, Jr.

William R. Cesery, Jr. 4/26/02 904 396-9601

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

Date

Daytime Phone #

CR2E083 (9/01)