

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90047 039 ****50.00

DOCUMENT # L01000005536

1. Entity Name

CLARK BAY HUNT CLUB, LLC



Principal Place of Business

**115 BUSINESS CENTER DRIVE SUITE 1
ORMOND BEACH FL 32174**

Mailing Address

**115 BUSINESS CENTER DRIVE SUITE 1
ORMOND BEACH FL 32174**

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 **59-3723159**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, SEAN J ESQ.
111 NORTH ORANGE AVE. 20TH FLOOR
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name

Sean J. Roberts, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Greensberg Trading, P.A.

450 South Orange Avenue, 7th Floor

City

Orlando

FL

Zip Code

32801

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/03
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 | MGRM FRAME, JEFF 530 S. PINE MEADOW DRIVE DEBARY FL 32713 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVIS, RUSTY 930 MALABAR ROAD- UNIT 2 PALM BAY FL 32907 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BIERFREUND, MIKE 1108 VAN LIEU COURT KISSIMMEE FL 32477 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROWELL, CHARLIE 1038 MCCOLLAN STREET KISSIMMEE FL 34741 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MAYO, STEVE 6601 NORTH BLVD. FORT PIERCE FL 34951 | <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 |
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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]
Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

1/13/03 **407/317-8538**
Daytime Phone #

CR2E083 (10/02)