

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000001552

1. Entity Name
ISLAND HOSPITALITY, LLC

FILED

Principal Place of Business
P.O. BOX 181
CEDAR KEY FL 32625

Mailing Address
P.O. BOX 181
CEDAR KEY FL 32625

01 NOV -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

490 Dock St.

3. Mailing Address

P.O. 181

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CEDAR KEY, FL

City & State
CEDAR KEY, FL

Zip
32625

Country
USA

Zip
32625

Country
USA

REINSTATEMENT

4. FET Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

(850) 521-1000

7. Name and Address of New Registered Agent

Name
CORPORATION SERVICE CO.
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St.
City
Tallahassee FL Zip Code
32301

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 *Laura R. Dunlap*

Laura R. Dunlap
as its agent

11/6/01

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

00004688947--6
-11/20/01--01031--004
****150.00 ****150.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
LINDA M. BRANDT
1026 WHIDDON AVE.
CEDAR KEY, FL 32625

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: *Linda M. Brandt*

10/15/01

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

Daytime Phone #

0025038 AF

CR2E083 (11/00)