

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023545 AF

DOCUMENT # L00000004850

1. Entity Name

EAGLE BAY PROPERTY, LLC

FILED

01 MAR -9 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2178 RESERVE PARK TRACE  
PORT ST. LUCIE FL 34986

Mailing Address

2178 RESERVE PARK TRACE  
PORT ST. LUCIE FL 34986

2. Principal Place of Business

9250 Baymeadows

3. Mailing Address

9250 Baymeadows

Suite, Apt. #, etc.

220

Suite, Apt. #, etc.

220

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32256

Country

USA

Zip

32256

Country

USA

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

WODRICH, MICHAEL A

1301 RIVERPLACE BOULEVARD, SUITE 1500

JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

900003891239--1

-03/21/01--01107--020

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MBAM  
CARCO OF NORTH FLORIDA, Inc  
9250 Baymeadows Rd Suite 220  
Jacksonville FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MR  
STEVEN R. CANN  
9250 Baymeadows Rd Suite 220  
Jacksonville FL 32256

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Signature*  
REQUIRED CAP

3/5/01 561-461-4900 29

CR2E083 (11/00)