

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90238 023 ****50.00

DOCUMENT # L00000006021

1. Entity Name
LOBEGO INVESTMENTS, LLC

Principal Place of Business
149 S. RIDGEWOOD AVENUE, SUITE 300
DAYTONA BEACH FL 32114

Mailing Address
149 S. RIDGEWOOD AVENUE, SUITE 300
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 550

Suite, Apt. #, etc.

Suite 550

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**
105-1010296

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

GORNT0, L A JR.ESQ.
149 S. RIDGEWOOD AVENUE, SUITE 300
DAYTONA BEACH FL 32114

Name

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

149 S. Ridgewood Avenue, Suite 550

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 **MGRM** ☐ Delete
NAME **LOEBEL, TOMAS E TRUSTEE**
STREET ADDRESS **1870 MASON AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Jennifer Spencer* **SIGNATURE REQUIRED** *Jennifer Spencer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/02
Date

386 274 5551
Daytime Phone #

0000561

CR2E083 (9/01)