

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0018529

04-02-2002 90964 027 *****50.00

DOCUMENT # L00000010181

1. Entity Name

INTERBAY HOMES, L.L.C.

Principal Place of Business

Mailing Address

**4890 WEST KENNEDY BLVD., SUITE 600
TAMPA FL 33609**

**4890 WEST KENNEDY BLVD., SUITE 600
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

4890 W KENNEDY BL

Suite, Apt. #, etc.

260

Suite, Apt. #, etc.

City & State

TAMPA 33609

City & State

Zip

Country

FL

USA

Zip

Country

4. FEI Number

59-3665786

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756**

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 **MGR** ☐ Delete
NAME **HEDAYA, HARRY**
STREET ADDRESS **4890 WEST KENNEDY BLVD., SUITE 600**
CITY-ST-ZIP **TAMPA FL 33609 260**

TITLE ☒ Change ☐ Addition
NAME **STE 260**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-4-02

813 639 9696

CR2E083 (9/01)