

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90040 026 ****50.00

DOCUMENT # L00000011616

1. Entity Name

EAST BAY GROUP, LLC

Principal Place of Business

**429 MARBLE CANYON DRIVE
 WEST PALM BEACH FL 33414**

Mailing Address

**429 MARBLE CANYON DRIVE
 WEST PALM BEACH FL 33414**

2. Principal Place of Business

400 CLEMATIS ST.

Suite, Apt. #, etc.

SUITE 209

City & State

WEST PALM BEACH, FL

Zip

Country

33401 U.S.

3. Mailing Address

400 CLEMATIS ST.

Suite, Apt. #, etc.

SUITE 209

City & State

WEST PALM BEACH, FL

Zip

Country

33401 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0985422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DECKER, DAVID
 429 MARBLE CANYON DRIVE
 WEST PALM BEACH FL 33414**

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

DAVID J. DECKER, MGRM

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **DECKER, DAVID**
 STREET ADDRESS **429 MARBLE CANYON DR**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **MGR** ☐ Delete
 NAME **REIKENIS, RICHARD V**
 STREET ADDRESS **701 WARREN DR.**
 CITY-ST-ZIP **JUPITER FL**

TITLE **MGR** ☐ Delete
 NAME **QUATTRONE, ALFRED J**
 STREET ADDRESS **204 ROAT STREET**
 CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: **DAVID J. DECKER, MGRM** **David J. Decker** **2/20/02** **561/833-2446**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)