

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90128 006 \*\*\*\*50.00

**DOCUMENT # L01000000996**

1. Entity Name

**PV BY THE SEA ESTATES DEVELOPMENT, LLC**

Principal Place of Business

**9551 BAYMEADOWS ROAD, SUITE 4  
 JACKSONVILLE FL 32256**

Mailing Address

**9551 BAYMEADOWS ROAD, SUITE 4  
 JACKSONVILLE FL 32256**

2. Principal Place of Business

**4315 PABLO OAKS COURT**

3. Mailing Address

**4315 PABLO OAKS COURT**

Suite, Apt. #, etc.

**SUITE 1**

Suite, Apt. #, etc.

**SUITE 1**

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

4. FEI Number

**59-3698071**

Applied For

Not Applicable

Zip

**32224-9667**

Country

**USA**

Zip

**32224-9667**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STOKES, E.CHESTER JR.  
 9551 BAYMEADOWS ROAD, SUITE 4  
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

**STOKES, E.CHESTER, JR.**

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

**4315 PABLO OAKS COURT, SUITE 1**

City

**JACKSONVILLE**

**FL**

Zip Code  
**32224**

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 E. Chester Stokes, Jr. 4/17/02

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

TITLE **MGRM** ☐ Delete  
 NAME **STOKES, E. CHESTER JR**  
 STREET ADDRESS **9551 BAYMEADOWS ROAD, SUITE 4**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 **MGRM** ☒ Change ☐ Addition  
 NAME **STOKES, E. CHESTER, JR.**  
 STREET ADDRESS **4315 PABLO OAKS COURT, SUITE 1**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32224-9667**

TITLE ☐ Change ☒ Addition  
 NAME **MGR**  
 STREET ADDRESS **BERGMANN, THOMAS C.**  
 CITY-ST-ZIP **4315 PABLO OAKS COURT, SUITE 1**  
**JACKSONVILLE, FL 32224-9667**

TITLE ☐ Change ☒ Addition  
 NAME **MGR**  
 STREET ADDRESS **BRAREN, MICHAEL E.**  
 CITY-ST-ZIP **4315 PABLO OAKS COURT, SUITE 1**  
**JACKSONVILLE, FL 32224-9667**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: E. Chester Stokes, Jr.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/02

904/482-1100

Date Daytime Phone #

CR2E083 (9/01)