

5/15

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Jun 05, 2002 8:00 am
Secretary of State

05-15-2002 90135 044 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001749

1. Entity Name

OLD CITY DEVELOPMENT, LLC.

Principal Place of Business

3433 US 1 SOUTH
ST. AUGUSTINE FL 32086

Mailing Address

3433 US 1 SOUTH
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3710119

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLETTA, JOHN JR, ESQ
 4100 A1A SOUTH
 ST. AUGUSTINE FL 32080

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME MGRM
 STREET ADDRESS KELLEY, DONNA M
 CITY-ST-ZIP 309 S. OCEAN TRACE ROAD
 ST. AUGUSTINE FL 32080 ☐ Delete

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

TITLE NAME MGRM
 STREET ADDRESS PIESCO, MICHAEL A
 CITY-ST-ZIP 3433 US 1 SOUTH
 ST. AUGUSTINE FL 32086 ☐ Delete

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 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 #

Michael A. Piesco 4/30/02 904-797-9967

CFR2083 (9/01)