

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90045 005 ****50.00

DOCUMENT # L01000002384

1. Entity Name
TREASURE COAST HORIZONS, L.L.C.



Principal Place of Business
**3098 S.W. CEDAR TRAIL
PALM CITY FL 34990**

Mailing Address
**P.O. BOX 6095
JENSEN BEACH FL 34957**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1080863**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GIBBONS, MICHAEL
3098 S.W. CEDAR TRAIL
PALM CITY FL 34990**

Name **MICHAEL J GIBBONS**
Street Address (P.O. Box Number is Not Acceptable)
6324 BAYSIDE KEY DRIVE
TAMPA FL
City **TAMPA FL** Zip Code **FL 33615**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Delete
NAME **GIBBONS, MICHAEL**
STREET ADDRESS **9950 SO OCEAN DR**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **GIBBONS, MICHAEL J.**
STREET ADDRESS **6324 BAYSIDE KEY DRIVE**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **MGRM** ☐ Delete
NAME **GIBBONS, SANDRA**
STREET ADDRESS **9950 SO OCEAN DR**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE **MGRM** ☐ Delete
NAME **BULLOCK, MARK**
STREET ADDRESS **3098 S.W. CEDAR TRAIL**
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **MGRM** ☐ Delete
NAME **BULLOCK, BROOKING**
STREET ADDRESS **9950 SO OCEAN DR**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE **MGRM** ☐ Delete
NAME **OCHAL, TARA**
STREET ADDRESS **19220 WINDDANCER STREET**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE ☐ Delete
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: **Sandra Gibbons**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/03
Date

772-229-9841
Daytime Phone #

CR2E083 (10/02)