

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90343 037 ****50.00

DOCUMENT # L01000003374

1. Entity Name

NAUTICA BAY, LLC

Principal Place of Business

106 GRACE AVE.
 CELEBRATION FL 34747

Mailing Address

106 GRACE AVE.
 CELEBRATION FL 34747

2. Principal Place of Business

605 Canoe Place
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 470391
 Suite, Apt. #, etc.

City & State

Celebration, FL

City & State

Celebration, FL

Zip

34747

Country

USA

Zip

34747

Country

USA

4. FEI Number

59-3703953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEMPSEY, WILLIAM R JR.
 106 GRACE AVE.
 CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name

Dempsey, William R. JR.

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

605 Canoe Place

City

Celebration

FL

Zip Code

34747

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

7/15/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
 STREET ADDRESS DEMPSEY, WILLIAM R JR.
 CITY-ST-ZIP 106 GRACE AVE.
 CELEBRATION FL 34747 ☐ Delete

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM
 STREET ADDRESS Dempsey, William R. JR.
 CITY-ST-ZIP 605 Canoe Place
 Celebration, FL 34747 ☒ Change ☐ Addition

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

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

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

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

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 REQUIRED

Dempsey, Jr.

7/15/02

(407) 566-9535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)