

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90051 014 ****50.00

DOCUMENT # L01000004373

1. Entity Name

FLAGLER MARINE CENTER, LLC

Principal Place of Business

ONE CORPORATE DRIVE, SUITE 3A
 PALM COAST FL 32137-4715

Mailing Address

ONE CORPORATE DRIVE, SUITE 3A
 PALM COAST FL 32137-4715

2. Principal Place of Business

400 ROBERTS ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FLAGLER BEACH, FL

Zip
32136

Country

FLAGLER

City & State

Zip

Country

4. FEI Number

59-3753673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEPS, DONALD J
 4B OLD KINGS ROAD NORTH
 PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

ROBERT B. MILLION

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

400 ROBERTS ROAD

City

FLAGLER BEACH

FL

Zip Code

32136

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]
 Signature, typed or printed name of registered agent and title if applicable.

ROBERT B. MILLION MANAGING MEMBER

Date

2-1-02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 LIVINGSTON, WILLIAM I
 ONE CORPORATE DRIVE, SUITE 3A
 PALM COAST FL 32137-4715** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 ROBERT B. MILLION
 400 ROBERTS ROAD
 FLAGLER BEACH, FL FL 32136** ☒ Change ☐ Addition

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

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☐ Change ☐ Addition

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]
ROBERT B. MILLION

MANAGING MEMBER 1-2-02

CR2E083 (9/01)