

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008237

1. Entity Name

GALAHAD PROPERTIES, LLC

Principal Place of Business

1417 BEACH DRIVE N.E.
ST. PETERSBURG FL 33704

Mailing Address

1417 BEACH DRIVE N.E.
ST. PETERSBURG FL 33704

2. Principal Place of Business

225 37th Ave NE

Suite, Apt. #, etc.

3. Mailing Address

225 37th Ave NE

Suite, Apt. #, etc.

City & State

St Petersburg FL

Zip

33704

Country

City & State

St Petersburg FL

Zip

33704

Country

4. FEI Number

59-3722724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, THOMAS J
1417 BEACH DRIVE N.E.
ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name Thomas J Henderson

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

225 37th Ave NE

City

St Petersburg

FL

Zip Code

33704

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

Thomas J Henderson

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

(NOTE: Registered Agent signature required when reinstating)

1/5/02

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
NAME HENDERSON, MARY ANNE
STREET ADDRESS 1417 BEACH DRIVE N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33704

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME Henderson, Mary Anne
STREET ADDRESS 225 37th Ave NE
CITY-ST-ZIP St Petersburg, FL 33704

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 REQUIRED

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

1/5/02 727403 4854

Date

Daytime Phone #

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

01-11-2002 90011 026 ****50.00

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DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)