

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90047 039 *****50.00

0019057

DOCUMENT # L01000008757

1. Entity Name

GULFFRONT HOMES OF TREASURE ISLAND, LLC

Principal Place of Business

**BANK OF AMERICA TOWER, STE. 1210
ONE PROGRESS PLAZA
ST PETERSBURG FL 33701**

Mailing Address

**BANK OF AMERICA TOWER, STE. 1210
ONE PROGRESS PLAZA
ST PETERSBURG FL 33701**

933502

2. Principal Place of Business

13120-66th Street North

3. Mailing Address

13120-66th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33773

Country

Zip

33773

Country

4. FEI Number

59-3723519

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

**POWELL, JAMES N
BANK OF AMERICA TOWER, STE. 1210
ONE PROGRESS PLAZA
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **Arthur Munjone**

Street Address (P.O. Box Number is Not Acceptable)
13120-66th Street North

City **St. Petersburg**

FL

Zip Code
33773

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

Arthur Munjone

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

TITLE **MGR** ☒ Delete
NAME **MCGRATH DEVELOPMENT CORPORATION**
STREET ADDRESS **P.O. BOX 66738**
CITY-ST-ZIP **ST PETE BEACH FL 33736**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME **Manager**
STREET ADDRESS **Arthur Munjone**
CITY-ST-ZIP **13120-66th Street North
St. Petersburg, FL 33773**

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

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

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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:

Arthur Munjone

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

Date

Daytime Phone #

3-6-02 727-584-1199

CR2E083 (9/01)