

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90035 033 \*\*\*\*50.00

**DOCUMENT # L01000009545**

1. Entity Name

**GROOVY ISLAND, LLC**

Principal Place of Business

Mailing Address

~~PO BOX 1365~~  
**WINDERMERE FL 34786**

~~PO BOX 1365~~  
**WINDERMERE FL 34786**

345808

2. Principal Place of Business

**4075 L.B. McLeod Rd**

3. Mailing Address

**4075 L.B. McLeod Rd**

Suite, Apt. #, etc.  
**# D**

Suite, Apt. #, etc.  
**# D**

DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO**

4. FEI Number  
**59-3736612**

Applied For  
 Not Applicable

Zip  
**32811**

Country  
**USA**

Zip  
**FL**

Country  
**32811**

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

**COHEN, DAVID S**  
**5728 MAJOR BLVD., STE 550**  
**ORLANDO FL 32819**

Name

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

City

**FL**

Zip Code

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 N/A (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

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
**PRESIDENT**  
 NAME **WESLEY T. BAL**  
 STREET ADDRESS **4075 L.B. McLEOD ROAD**  
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Change ☒ Addition  
**PRESIDENT**  
 NAME **WESLEY T. BAL**  
 STREET ADDRESS **4075 L.B. McLEOD ROAD**  
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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]*

**4/3/02** **407-872-3395**

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

Date

Daytime Phone #

CR2E083 (9/01)