

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90035 050 ****50.00

DOCUMENT # L01000011912

1. Entity Name

DEVLIN PROPERTIES OCEAN GRANDE, LLC

Principal Place of Business

**3170 SOUTH PONTE VEDRA BLVD.
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**3170 SOUTH PONTE VEDRA BLVD.
 PONTE VEDRA BEACH FL 32082**



2. Principal Place of Business

205 S. Ocean Grande Dr.

3. Mailing Address

1548 The Greens Way

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

Suite 3

City & State

Ponte Vedra Beach FL

City & State

Jacksonville Beach FL

Zip

32082

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3732028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DEVLIN, WALLACE R

**3170 SOUTH PONTE VEDRA BLVD.
 PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name

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

1548 The Greens Way Suite 3

City

Jacksonville Beach

FL

Zip Code

32250

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **Managing Partner member** ☐ Delete
 NAME **Wallace R. Devlin Jr**
 STREET ADDRESS **1548 The Greens Way Suite 3**
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

WALLACE R. DEVLIN JR

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

Date

8/26/02 941-543-0026

Daytime Phone #

CR2E083 (4/02)