

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90077 012 ****50.00

DOCUMENT # L01000014576

1. Entity Name

FCB MANAGEMENT, LLC

Principal Place of Business

**THE KRESS BUILDING, SUITE M-8
 475 CENTRAL AVENUE
 ST. PETERSBURG FL 33701
 US**

Mailing Address

**THE KRESS BUILDING, SUITE M-8
 475 CENTRAL AVENUE
 ST. PETERSBURG FL 33701
 US**

2. Principal Place of Business

740 64 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 66959

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

City & State

ST. PETE BEACH, FL

4. FEL Number

59-3739968

Applied For

Not Applicable

Zip

33706

Country

PINELLAS

Zip

33736

Country

PINELLAS

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MASCARA, ERNEST L
 THE KRESS BUILDING, SUITE M-8
 475 CENTRAL AVENUE
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **BICKLEY, FREDERICK L. JR.**

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

740 64 AVENUE

City

ST. PETE BEACH

FL

Zip Code

33706

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, 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 **MGRM** ☐ Delete
 NAME **BICKLEY, CHRISTINA S**
 STREET ADDRESS **475 CENTRAL AVENUE, SUITE M-8**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **MGRM** ☐ Delete
 NAME **BICKLEY, FREDERICK L. JR.**
 STREET ADDRESS **475 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **BICKLEY, CHRISTINA S.**
 STREET ADDRESS **740 64 AVENUE**
 CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **BICKLEY, FREDERICK L. JR.**
 STREET ADDRESS **740 64 AVENUE**
 CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

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

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

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

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:

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

4/3/02

Date

727-363-7113

Daytime Phone #

CR2E083 (9/01)