

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015654

1. Entity Name

GERBER REALTY CO. #1-302, LLC

Principal Place of Business

7537 BAYSHORE DRIVE #401
TREASURE ISLAND FL 33706

Mailing Address

7537 BAYSHORE DRIVE #401
TREASURE ISLAND FL 33706

2. Principal Place of Business

7403 BAYSHORE DR

Suite, Apt. #, etc.

401

City & State

TREASURE ISLAND, FLA.

Zip
33706

Country

—

3. Mailing Address

7403 BAYSHORE DR

Suite, Apt. #, etc.

401

City & State

TREASURE ISLAND, FLA.

Zip

33706

Country

—

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERBER, DONALD B
7537 BAYSHORE DRIVE #401
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name
DONALD B. GERBER
Street Address (P.O. Box Number is Not Acceptable)
7403 BAYSHORE DR
401
City
TREASURE ISLAND 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

Donald B. Gerber DONALD B. GERBER

1/14/02

(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 NAME STREET ADDRESS CITY-ST-ZIP | <i>MANAGER</i> Donald B. Gerber 7403 Bayshore Dr. #401 Treasure Island, FL 33706 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE:

Donald B. Gerber DONALD B. GERBER

1/14/02 727-363-8125

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

Date

Daytime Phone #

1/1

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-23-2002 90079 049 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)