## 2002 UNIFORM BUSINESS REPORT (UBR)

## Secretary of State DOCUMENT # L01000015655 01-23-2002 90079 048 \*\*\*\*50.00 GERBER REALTY CO. #1-305, LLC Mailing Address Principal Place of Business JEST BAYSHORE DRIVE. #401 7537 BAYSHORE DRIVE, #401 TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address BAYSHORE 7403 BAYSHORE DR 7403 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 401 H\_ 401 City & State 4. FEI Number City & State Applied For. TREASURE ISLAND ISLAND TREASURE Not Applicable \$5.00 Additional Fee Required Country 5. Certificate of Status Desired 33706 337*06* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAND BEERBER GERBER, DONALD B Street Address (P.O. Box Number is Not .7537 BAYSHORE DRIVE, #401 TREASURE ISLAND FL 33706 TOEKURE ISLAND 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. B. GERBER DONACO SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Donald B. Gerber Delete Addition TITLE TO F ☐ Change NAME NAME 7403 Bayshore Dr. #401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Treasure Island, FL 33706 ☐ Change ☐ Addition TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Celete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ∏ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

IE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 path; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

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## FILED Feb 25, 2002 8:00 am

