

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

01-23-2002 90079 047 \*\*\*\*\*50.00

DOCUMENT # L01000015657

1. Entity Name

GERBER REALTY CO. #1-306, 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

3. Mailing Address

7403 BAYSHORE DR

Suite, Apt. #, etc.

401

City & State

TREASURE ISLAND FLA.

City & State

TREASURE ISLAND FLA.

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

Signature, typed or printed name of registered agent and title if applicable.

DONALD B. GERBER

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

DONALD B. GERBER

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

Date

Daytime Phone #

1/14/02 727-363-8125

CR2E083 (9/01)