

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

01-23-2002 90079 046 *****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015658

1. Entity Name

GERBER REALTY CO. #4-304, LLC

Principal Place of Business

7597 BAYSHORE DRIVE, #401
TREASURE ISLAND FL 33706

Mailing Address

7637 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

Zip

33706

Country

—

Zip

33706

Country

—

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERBER, DONALD B
7637 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

1/14

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete
 NAME **Donald B. Gerber**
 STREET ADDRESS **7403 Bayshore Dr. #401**
 CITY-ST-ZIP **Treasure Island, FL 33706** ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 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:

DONALD B. GERBER

Date

Daytime Phone #

CR2E083 (9/01)