

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

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

01-23-2002 90079 045 *****50.00

DOCUMENT # L01000015659

1. Entity Name

GERBER REALTY CO. #5-401, LLC

Principal Place of Business

Mailing Address

7537 BAYSHORE DRIVE, #401
TREASURE ISLAND FL 33706

7537 BAYSHORE DRIVE, #401
TREASURE ISLAND FL 33706

2. Principal Place of Business

7403 BAYSHORE DR

3. Mailing Address

7403 BAYSHORE DR

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

401

City & State

TREASURE ISLAND FLA.

City & State

TREASURE ISLAND FLA

Zip

33706

Country

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Zip

33706

Country

—

6. Name and Address of Current Registered Agent

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

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

7/14/02

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

(NOTE: Registered Agent signature required when re-stating)

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, FLA 33706

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

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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

7/14/02

727-363-8125

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

Date

Daytime Phone #

CR2E083 (9/01)