

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

01-23-2002 90079 044 \*\*\*\*50.00

**DOCUMENT # L01000015661**

1. Entity Name

**GERBER REALTY CO. #6-402, 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**

3. Mailing Address

**7403 BAYSHORE DR**

Suite, Apt. #, etc.

**401**

Suite, Apt. #, etc.

**401**

City & State

**TREASURE ISLAND**

City & State

**TREASURE ISLAND, FLA.**

Zip

**33706**

Country

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 date 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

**MANAGER  
 Donald B. Gerber  
 7403 Bayshore Dr. #401  
 Treasure Island, FL 33706**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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 608, 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 #

CR2E083 (9/01)