

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90006 001 ****50.00

DOCUMENT # L01000016309

1. Entity Name

PELICAN PLAZA, LLC

Principal Place of Business

**ATLANTIC CORAL HARBOR CLUB
 88181 OLD HIGHWAY, C-2
 ISLAMORADA FL 33036**

Mailing Address

**ATLANTIC CORAL HARBOR CLUB
 88181 OLD HIGHWAY, C-2
 ISLAMORADA FL 33036**

2. Principal Place of Business

3. Mailing Address

88005 Overseas Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PM B 10-162

City & State

Islamorada, FL

Zip

Country

33036-6000

Country

Monroe

4. FEI Number

65-1141920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARDNER, EARNIE L
 ATLANTIC CORAL HARBOR CLUB
 88181 OLD HIGHWAY, C-2
 ISLAMORADA FL 33036**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **MGRM**
 STREET ADDRESS **Earnie L. Gardner**
 CITY-ST-ZIP **88181 Old Highway C2**
ISLAMORADA, FL 33036

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)