

2002 UNIFORM BUSINESS REPORT (UBR)

1/21

FILED
Mar 07, 2002 8:00 am
Secretary of State

01-28-2002 90004 015 ****50.00

DOCUMENT # L01000018380

1. Entity Name

CHICO MARINA, LLC

Principal Place of Business

**320 WEST LEE ST.
 PENSACOLA FL 32501**

Mailing Address

**320 WEST LEE ST.
 PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3753736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KAHN, ROBERT H JR.
 320 WEST LEE ST.
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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

**SOLE MEMBER
 TRUST U/W OF HILDA BEAR KAHN deceased
 ROBERT H KAHN JR
 AND
 DOROTHY KAHN GALLOWAY**

**TRUSTEES
 320 WEST LEE ST
 PENSACOLA, FL
 32501**

☐ Delete

☐ Delete

☐ Delete

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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:

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

Date

Daytime Phone #

1/14/02

850-469-1462

CR2E083 (9/01)