

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019516

1. Entity Name

PELICAN BAY APARTMENTS, LLC

FILED
May 30, 2002 8:00 am
Secretary of State

04-30-2002 90119 042 ****50.00

89933

Principal Place of Business

3900 MARRIOTT DRIVE, #14
PANAMA CITY FL 32411

Mailing Address

P.O. BOX 27730
PANAMA CITY FL 32411

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

59-3757131

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

WILLIAMS, JOHN T
3900 MARRIOTT DRIVE, #14
PANAMA CITY FL 32411

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

TITLE MGR
NAME PELICAN BAY APARTMENTS MANAGEMENT, CO.
STREET ADDRESS 3900 MARRIOTT DRIVE, #14
CITY-ST-ZIP PANAMA CITY FL 32411

☐ Delete

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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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:

John T Williams
SIGNATURE REQUIRED

4/15/02

850-233-6521

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

Date

Daytime Phone #

CR2E083 (9/01)

John T. Williams

P.O. Box 27730, Panama City, FL 32411
(850)-233-6521
Fax (850) 230-0724
Cell (850) 230-0724

A Hochmuth
89933

May 23, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I realize that I have made an error in my filing of an annual report/uniform business report.

A report I filed earlier for Pelican Bay Apartments Management, Inc. included an incorrect EIN number. I used 59-3757131. The number should be 38-3650653.

If I need to do anything else to correct my mistake, please let me know.

Sincerely,



John T. Williams