

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90252 049 \*\*\*\*\*50.00

**DOCUMENT # L01000022740**

1. Entity Name

**PINEBROOKE CC, LLC**



Principal Place of Business

**601 BAYSHORE BLVD., STE. 650  
TAMPA FL 33606**

Mailing Address

**601 BAYSHORE BLVD., STE. 650  
TAMPA FL 33606**

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 **59-3507264**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COCKEY, PRESTON O JR.  
ONE TAMPA CITY CENTER, STE. 2200  
201 N. FRANKLIN ST.  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

**~~CHARLES B FUNK~~**  
Street Address (P.O. Box Number is Not Acceptable)

**~~601 BAYSHORE BLVD~~**

**~~STE 650~~**

City

**~~TAMPA, FL~~**

**FL**

Zip Code

**~~33606~~**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **FUNK, CHARLES B**  
STREET ADDRESS **601 BAYSHORE BLVD, SUITE 650**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **MGR** ☐ Delete  
NAME **MEEHAN, JEFFREY B**  
STREET ADDRESS **601 BAYSHORE BLVD, SUITE 650**  
CITY-ST-ZIP **TAMPA FL 33606**

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

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

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 JEFFREY B. Meehan**

**1/17/03 (813) 251-1221**

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

Date

Daytime Phone #

CR2E083 (10/02)