

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90027 047 \*\*\*\*50.00

**DOCUMENT # L02000003286**

1. Entity Name  
**GATSBY'S, LLC**



Principal Place of Business

**2702 NAPLES AVENUE  
PANAMA CITY FL 32405**

Mailing Address

**2702 NAPLES AVENUE  
PANAMA CITY FL 32405**

2. Principal Place of Business

**P.O. Box 1446**

3. Mailing Address

**P.O. Box 1446**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lynn Haven, Florida**

City & State

**Lynn Haven, Florida**

Zip

**32444**

Country

**US**

Zip

**32444**

Country

**US**

4. FEI Number

**35-2159393**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SANTANA, RITA A  
2702 NAPLES AVENUE  
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name

**Rita A. Santana**

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

**2203 Beck Ave. Apt. A-2**

City

**Panama City**

FL

Zip Code

**32405**

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 **SANTANA, RITA A**  
STREET ADDRESS **2702 NAPLES AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **MGR** ☐ Delete  
NAME **TUTUNICK, DANA M**  
STREET ADDRESS **605 KRYSTAL LANE**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

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 **MGR** ☒ Change ☐ Addition  
NAME **Rita A. Santana**  
STREET ADDRESS **2203 Beck Ave. Apt. A-2**  
CITY-ST-ZIP **Panama City, Florida 32405**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Dana M. Tutunick**  
STREET ADDRESS **1114 Indiana Ave.**  
CITY-ST-ZIP **Lynn Haven, Florida 32444**

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:

**RITA SANTANA**

**April 13, 2003**

**(850) 763-7482**

CR2E083 (10/02)