

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

02-19-2003 90001 027 ****50.00
L02000009989

FILED

03 MAR 14 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000009989

1. Entity Name

NASSAU HIDEAWAY, L.L.C.



Principal Place of Business

1325 ATLANTIC AVE.
FERNANDINA BEACH FL 32034

Mailing Address

1325 ATLANTIC AVE.
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

P.O. Box 1200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FERNANDINA BEACH, FL

Zip

Country

Zip

Country

32035

NASSAU

4. FEI Number

01-3660051

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TREVETT, HARRY R
1325 ATLANTIC AVE.
FERNANDINA BEACH FL 32034

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

SIGNATURE

Signature of individual or principal of registered agent and file if applicable

(NOTE: Registered Agent signature required when releasing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
William J. Mock, Jr.
317 Centre St.
Fern. Beach, FL 32034

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Harry R. Trevett
1325 Atlantic Ave.
Fern. Beach, FL 32034

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 REQUIRED

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

Date

Daytime Phone #

CR20083 (10/02)