

# 2001 UNIFORM BUSINESS REPORT (UBR)

UNIT JO AT

DOCUMENT # **L97000000590**

1. Entity Name  
**GATOR BAY HARBOR II, L.C.**

FILED

01 APR -6 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1595 NE 163RD STREET  
N MIAMI BEACH FL 33162

Mailing Address  
1595 NE 163RD STREET  
N MIAMI BEACH FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0810516**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**MISKA, DOUGLAS S**  
**1595 NE 163RD STREET**  
**N MIAMI BEACH FL 33162**

## 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**

**200003995952--1**  
**-04/13/01--01010--016**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM**  
**DOHLE, KURT** ☐ Delete  
**ALTE HEERSTR. 53**  
**SANKT AUGUSTIN 1 GERMANY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM** ☐ Delete  
**GATOR REALTY & MGMT.**  
**1595 NE 163RD STREET**  
**N MIAMI BEACH FL**

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

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

*Douglas Miska* **4/2/01** **305-949-9049**

CR2E083 (11/00)