

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90135 018 ****50.00

DOCUMENT # L98000000610

1. Entity Name

OCEAN WALK MANAGEMENT COMPANY, L.C. ✓

Principal Place of Business

326 N. ATLANTIC AVENUE
 DAYTONA BEACH FL 32118

Mailing Address

535 SILVER BEACH AVENUE
 DAYTONE BEACH FL 32218

2. Principal Place of Business

315 N. Atlantic Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32118

Country

Volusia

Zip

Country

4. FEI Number

59-3514428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STEWART, CHARLES JR.
 535 SILVER BEACH AVENUE
 DAYTONA BEACH FL 32118

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 ANDERSON, GEORGE D
 326 N. ATLANTIC AVENUE
 DAYTONA BEACH FL 32118 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 315 N. Atlantic Ave. ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 FINCKE, GERALD B
 326 N. ATLANTIC AVENUE
 DAYTONA BEACH FL 32118 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 315 N. Atlantic Ave. ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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 STREET ADDRESS
 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]*

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

Date

Daytime Phone #

386 257-5077

CR2E083 (9/01)