

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90061 017 \*\*\*\*\*50.00

**DOCUMENT # L98000001379**

1. Entity Name

**EAST BAY STREET, LLC**

Principal Place of Business

**50 NORTH LAURA STREET, SUITE 2600  
 JACKSONVILLE FL 32202**

Mailing Address

**50 NORTH LAURA STREET, SUITE 2600  
 JACKSONVILLE FL 32202**

2. Principal Place of Business

**6 East Bay Street**

3. Mailing Address

**6 East Bay Street**

Suite, Apt. #, etc.

**Suite 600**

Suite, Apt. #, etc.

**Suite 600**

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32202**

Country

**US**

Zip

**32202**

Country

**US**

4. FEI Number

**59-3531719**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MOTOLAW, INC.**

**50 NORTH LAURA STREET, SUITE 2750  
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

**Motolaw, Inc.**

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

**50 North Laura Street**

**Suite 2500**

City

**Jacksonville**

**FL**

Zip Code

**32202**

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.

**Robert G. Shaffer, II, President**

SIGNATURE

*Robert G. Shaffer, II, President*

**02-15-02**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 HUSK, GARY  
 50 NORTH LAURA STREET, SUITE 2600  
 JACKSONVILLE FL 32202** ☐ 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 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 HUSK, GARY  
 6 East Bay Street, Suite 600  
 Jacksonville, FL 32202** ☒ 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

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:**

*Robert G. Shaffer, II, President*  
**SIGNATURE REQUIRED**

**2/14/02**

**(904) 54-2600**

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

Date

Daytime Phone #

CR2E083 (9/01)