

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90054 019 ***150.00

DOCUMENT # L98000001650

1. Entity Name

APOLLO BEACH CENTER, L.C.

Principal Place of Business

**6412 US HIGHWAY 41 NORTH
 APOLLO BEACH FL 33572**

Mailing Address

**6412 US HIGHWAY 41 NORTH
 APOLLO BEACH FL 33572**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3536163**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PHAGAN, RICHARD L
 6412 US HIGHWAY 41 NORTH
 APOLLO BEACH FL 33572**

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

TITLE **MGRM** ☐ Delete
 NAME **PHAGAN, JUDITH D**
 STREET ADDRESS **6412 US HIGHWAY 41 NORTH**
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **MGRM** ☐ Delete
 NAME **RUDNICK, JAMES M**
 STREET ADDRESS **226 NORTH DUVAL STREET**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **MGRM** ☐ Delete
 NAME **PHAGAN, RICHARD L**
 STREET ADDRESS **6412 US HIGHWAY 41 NORTH**
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

[Signature] **REQUIRED MGRM**

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

Date

Daytime Phone #

1/8/01 813-641-2800

CR2E083 (9/01)