

# 2000 UNIFORM BUSINESS REPORT (UBR)

CU17538 JP

DOCUMENT # L99000004051

1. Entity Name

COTTAGES BY THE GULF, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 PM 2: 09

Principal Place of Business

2855 L'VILLE-SUWANEE RD., SUITE 760  
PMB 330  
SUWANEE GA 30024-3140

Mailing Address

2855 L'VILLE-SUWANEE RD., SUITE 760  
PMB 330  
SUWANEE GA 30024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, FRANKLIN H P.A.  
5365 E. HWY 30-1, SUITE 105  
SEAGROVE BEACH FL 32459

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR FAIR, MARCI ☐ Delete  
STREET ADDRESS 2855 L'VILLE-SUWANEE RD., SUITE 760  
CITY- ST- ZIP SUWANEE GA 30024-3140

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600003132126--2  
CITY- ST- ZIP -02/11/00--01014--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGR FAIR, BRYAN ☐ Delete  
STREET ADDRESS 2855 L'VILLE-SUWANEE RD., SUITE 760  
CITY- ST- ZIP SUWANEE GA 30024-3140

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)