

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90002 003 *****50.00

DOCUMENT # L99000004931

1. Entity Name

GATEWAY PLAZA, LLC



Principal Place of Business

**3 MINDORO STREET
STUART FL 34996**

Mailing Address

**3 MINDORO STREET
STUART FL 34996**

Parks Company, Inc.

2. Principal Place of Business

3. Mailing Address

P.O. Box 2654

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, Fla.

City & State

Stuart, Fla.

Zip

Country

34995

USA

Zip

Country

34995

USA

4. FEI Number **65-0942055**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DUNGEY, RICHARD J ESQ.
1100 S. FEDERAL HIGHWAY
STUART FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **PARKS, RALPH H**
STREET ADDRESS **3 MINDORO STREET**
CITY-ST-ZIP **STUART FL 34996**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

9/9/03

CR2E083 (4/03)