

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005079

1. Entity Name
MALIBU BEACH, L.C.

Principal Place of Business Mailing Address
110 S. Armenia Ave. Post Office Drawer 511447
Tampa, FL 33609 Punta Gorda, FL 33951-1447

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jack O. Hackett II, Esquire
Farr, Farr, Emerich, Sifrit,
Hackett & Carr P.A.
115 W. Olympia Avenue
Punta Gorda, Florida 33950

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 MGRM ☐ Delete
NAME Gerald W. Wicks
STREET ADDRESS 110 S. Armenia Avenue
CITY-ST-ZIP Tampa, Florida 33609

TITLE ☐ Change ☐ Addition
NAME 600003256586--7
STREET ADDRESS -05/18/00--01010--019
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition
NAME Jack O. Hackett II
STREET ADDRESS 115 W. Olympia Avenue
CITY-ST-ZIP Punta Gorda, Florida 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/19/00 941-639-1158

Date

Daytime Phone #

CR2E083 (11/99)