

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90050 029 \*\*\*\*50.00

**DOCUMENT # L99000005079**

1. Entity Name  
**MALIBU BEACH, L.C.**

Principal Place of Business

~~GERALD W. WICKS~~  
**110 S ARMENIA AVENUE**  
**TAMPA FL 33609**

Mailing Address

~~ROSE OF NOE DAWSON~~  
~~XXXXXX XXXXXX~~  
~~PUNTA GORDA FL 33961~~

2. Principal Place of Business

**110 S. Armenia Ave.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State

4. FEI Number **48-5744709**

Applied For  
 Not Applicable

Zip  
**33609**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

**HACKETT, JACK O II**  
**FARR LAW FIRM**  
**115 W OLYMPIA AVENUE**  
**PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name  
**Julia M. Ferguson**

Street Address (P.O. Box Number is Not Acceptable)  
**110 S. Armenia Avenue**

City  
**Tampa**

Zip Code  
**33609**

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  **Julie Ferguson, Mgr.**

(NOTE: Registered Agent signature required when reinstating)

**4/23/02**  
 DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGR** ☒ Delete  
 NAME  
~~WICKS, GERALD W~~  
 STREET ADDRESS  
**110 S ARMENIA AVENUE**  
 CITY-ST-ZIP  
**TAMPA FL 33609**

TITLE  
**MGR** ☐ Delete  
 NAME  
**FERGUSON, JULIE M**  
 STREET ADDRESS  
~~115 W OLYMPIA AVENUE~~  
**PUNTA GORDA FL 33961**  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
**110 S. Armenia Avenue**  
**Tampa, FL 33609**  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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) of the 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 by the 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:**  **Julie Ferguson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/23/02 (813) 258-6607**  
 Date Daytime Phone #

CR2E083 (9/01)