## 2002 UNIFORM BUSINESS REPORT (UBR)

JRE: SIGNATURE AND TYPED OR PRID ED NAME OF SIGNING MANAGING

## Mar 07, 2002 8:00 am Secretary of State DOCUMENT # L9900006461 1. Entity Name 03-07-2002 90040 015 \*\*\*\*50 00 PASADENA YACHT AND COUNTRY CLUB DEVELOPMENT, L.C. Mailing Address Principal Place of Business 6300 PASADENA POINT BLVD. SOUTH 6300 PASADENA POINT BLVD. SOUTH 4 U U U U **GULFPORT FL 33707 GULFPORT FL 33707** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3605235 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, DALE A Street Address (P.O. Box Number is Not Acceptable) 6229 FAIRWAY BAY BOULEVARD **GULFPORT FL 33707** Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition MGR Change TITLE ☐ Delete TITLE NAME NAME BALDWIN, BRUCE C STREET ADDRESS 6309 PASADENA POINT BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULFPORT FL 33707** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**