## **FILED**

## Feb 26, 2002 8:00 am Secretary of State

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9900009149 02-26-2002 90013 018 \*\*\*\*50.00 BE GAINESVILLE PROPERTIES. LLC Principal Place of Business Mailing Address P.O. BOX 757 P.O. BOX 757 MT. DORA FL 32757 MT. DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3567025 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAVARGNA, CARRIE S Street Address (P.O. Box Number is Not Acceptable) 3415 SW CORNELL AVENUE PALM CITY FL 34990 City Zip Code 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. 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR Delete TITI F Change ☐ Addition NAME BANNON, BARBARA NAME STREET ADDRESS STREET ADDRESS 1741 EDGEWATER DRIVE CITY-ST-70P CITY-ST-ZIP MT. DORA FL 32757 TITLE □ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 admature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company on the receiver or trustee employeded to execute this report as required by Chapter 608, Florida Statutes.

IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #