

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State
 09-22-2002 90067 027 ****50.00

DOCUMENT # M00000000002

1. Entity Name

OSCEOLA BAY DEVELOPMENT, L.L.C.

Principal Place of Business

**601 CLEVELAND ST., STE. #240
 CLEARWATER FL 33755**

Mailing Address

**601 CLEVELAND ST., STE. #240
 CLEARWATER FL 33755**

801124

2. Principal Place of Business

8 S. Fort Harrison

3. Mailing Address

8 S. Fort Harrison

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number **59-3607094**

Applied For

Not Applicable

Zip

Country

33756-5105

Zip

Country

33756-5105

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLENBURG, GERALD D
 601 CLEVELAND ST., STE. #240
 CLEARWATER FL 33755**

Name

Ellenburg, Gerald D

Street Address (P.O. Box Number is Not Acceptable)

8 S. Fort Harrison

City

Clearwater

FL

Zip Code

33756

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 ELLENBURG, GERALD
 601 CLEVELAND ST., STE. #240
 CLEARWATER FL 33755** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Matrix Lodging LLC
 8 S. Fort Harrison
 Clearwater FL 33756** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Wayne Weaver
 8 S. Fort Harrison
 Clearwater FL 33756** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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: **Gerald D Ellenburg, Chairman/Managing Member** **9-16-02 (727) 446-3000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/02)