

2002 **LIMITED LIABILITY COMPANY**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90578 033 ****50.00

DOCUMENT # M01000001853

1. Entity Name

Bray & Gillespie V, L.L.C.

DO NOT WRITE IN THIS SPACE

957318

2. Principal Place of Business

222 Delaware Avenue, 9th Floor

3. Mailing Address

222 Delaware Avenue, 9th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wilmington, New Castle City, DE

City & State

Wilmington, New Castle City, DE

FBI Number

39-3686617

Applied For

Not Applicable

Zip 19801

Country USA

Zip 19801

Country USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ronald B. Fieldstone

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

201 Alhambra Circle, Suite 601

City

Coral Gables

FL

Zip Code

33134

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Bray & Gillespie V Management, Inc.
P.O. Box 265400
Daytona Beach, FL 32126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E083B (12/01)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #