

**2003
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 04, 2003 8:00 am
Secretary of State
08-04-2003 90142 023 ***558.75

0154802 FP

DOCUMENT # M08000000144

1. Entity Name
MONTENAY BAY LLC



Principal Place of Business
**6510 BAY LINE DRIVE
PANAMA CITY FL 32404**

Mailing Address
**6510 BAY LINE DRIVE
PANAMA CITY FL 32404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0906542**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JERRY GROSS
6510 BAY LINE DRIVE
PANAMA CITY FL 32404**

Name

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

City

FL

Zip Code

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
PASSAGE, STEPHEN S
800 THIRD AVE., 38TH FLR.
NEW YORK NY 10022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**one Pennsylvania Plaza, Suite 4400
New York, New York 10119** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GROSS, JERRY
6510 BAY LINE DRIVE
PANAMA CITY FL 32404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
one Pennsylvania Plaza, Suite 4400
New York, New York 10119** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MURPHY, TOM
800 THIRD AVE., 38TH FLR.
NEW YORK NY 10022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
one Pennsylvania Plaza, Suite 4400
New York, New York 10119** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tanice McAllister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)