

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90727 003 ****50.00

0045400

DOCUMENT # M97000000626

1. Entity Name

FOURTH STREET CENTER, LLC

Principal Place of Business

Mailing Address

~~101 SOUTH MAIN STREET, SUITE 305-C~~
CLINTON TN 37716

~~101 SOUTH MAIN STREET, SUITE 305-C~~
CLINTON TN 37716

80054648

2. Principal Place of Business

3. Mailing Address

3606 S. Belcher Dr.

3606 S. Belcher Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Fla.

Tampa, Fla.

Zip

Country

Zip

Country

33629

U.S.A.

33629

4. FEI Number

59-3475511

Applied For

Not Applicable

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

SCHREIBER, ADRIAN
4805 BAYHERON PL.
#703
TAMPA FL 33618

Name

Adrian Schreiber

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

3606 S. Belcher Dr.

City

Tampa

FL

Zip Code

33629

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.

(NOTE: Registered Agent signature required when reinstating)

Adrian Schreiber

3/22/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOORE, JOHN G JR.
101 SOUTH MAIN STREET, SUITE 305-C
CLINTON TN 37716

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHREIBER, HENRY
1800 CHANDELLE COURT
DAYTONA FL 32124

☐ Delete

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

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☐ 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:

SIGNATURE REQUIRED

Adrian Schreiber

3/22/02

(813) 835-9125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)