

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000016

1. Entity Name

BRAY & GILLESPIE, L.L.C. III

FILED

May 01 2000 8:00 am  
Secretary of State

Principal Place of Business

Mailing Address

600 N. Atlantic Ave.  
Daytona Beach, FL 32118

SAME

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2212603

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Mr. Michael Denberg~~  
Fieldstone, Lester, Shure + Denberg  
2875 NE 191<sup>st</sup> Street, Suite 802  
Aventura, FL 33180

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.

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

100003264101--0

-05/23/00--01108--017

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	President	<input type="checkbox"/> Delete
NAME	Charles A. Bray	
STREET ADDRESS	600 N. Atlantic Ave.	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Charles A. Bray		
STREET ADDRESS	600 N. Atlantic Ave.		
CITY-ST-ZIP	Daytona Beach, FL 32118		
TITLE	Sr. Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Joseph G. Gillespie		
STREET ADDRESS	2025 S. Atlantic Ave.		
CITY-ST-ZIP	Daytona Beach, FL 32118		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)