

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000016

1. Entity Name
BRAY & GILLESPIE, L.L.C. III

Principal Place of Business
600 NORTH ATLANTIC AVE.
DAYTONA BEACH FL 32118

Mailing Address
600 NORTH ATLANTIC AVE.
DAYTONA BEACH FL 32118

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 58-2212603

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

DENBERG, MICHAEL B ESQ.
2875 NE 191 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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. MGRM ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BRAY, CHARLES A
STREET ADDRESS 600 NORTH ATLANTIC AVE.
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE ☒ Change ☐ Addition
NAME Bray, Charles A.
STREET ADDRESS CAB I, INC.
CITY-ST-ZIP 600 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

TITLE MGRM ☐ Delete
NAME GILLESPIE, JOSEPH
STREET ADDRESS 2025 S. ATLANTIC AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE ☒ Change ☐ Addition
NAME Gillespie, Joseph
STREET ADDRESS JGH I, INC.
CITY-ST-ZIP 600 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Charles A. Bray*

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

Date

Daytime Phone #

4/09/01 386-227-1453

FILED

01 MAY -4 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)