

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

0045402

DOCUMENT # M98000001140

1. Entity Name

EASTSHORE PLAZA, L.L.C.

Principal Place of Business

101 S. MAIN STREET
 SUITE 305-C
 CLINTON TN 37716

Mailing Address

101 S. MAIN STREET
 SUITE 305-C
 CLINTON TN 37716

80039531



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2418498

Applied For

Not Applicable

Zip

Country

Zip

Country

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 33616

Address Change →

Name

Adrian Schreiber

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

3606 S. Belcher Drive

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 *Adrian Schreiber*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-25-02

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 S. MAIN STREET
 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 BEACH FL 32124** ☐ Delete

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

TITLE
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TITLE
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 CITY-ST-ZIP
☐ 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]

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

2-25-02

865-463-8668

Date

Daytime Phone #

CR2E083 (9/01)