2000 UNIFORM BUSINESS REPORT (UBR)

001061 A

DOCUMENT # A08382

Entity Name

IMMOKALEE INVESTMENTS, LTD.

FILED

00 FEB -3 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3033 RIVIERA DR.	3033 RIVIERA DR.
SUITE 201	SUITE 201
NAPLES FL 34103	NAPLES FL 34103-2750

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 59-2166718 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BUDD, DAVID G
3033 RIVIERA DRIVE
SUITE 201
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. $130.00

10. Amount of Capital Contributions in FLORIDA to date. $130.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	649461		[illegible]692--4
NAME	AHR ENTERPRISES, INC.	STREET ADDRESS	-02/08/00--01098--010
STREET ADDRESS	4500 EXECUTIVE DRIVE		****141.25 ****141.25
CITY-ST-ZIP	NAPLES FL 34119	CITY-ST-ZIP	
DOCUMENT #	649458		
NAME	RH OF NAPLES, INC.	STREET ADDRESS	
STREET ADDRESS	4500 EXECUTIVE DRIVE		
CITY-ST-ZIP	NAPLES FL 34119	CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (9/99)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: AHR ENTERPRISES, INC.
BY: DAVID G. BUDD, VICE PRESIDENT — 1/26/00 — (941) 263-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #