

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000010494**

1. Entity Name
SECTION 20 INVESTMENTS, L.L.C.

FILED

01 AUG -6 AM 8:47

Principal Place of Business

**950 FIFTH AVENUE SOUTH
NAPLES FL 34102**

Mailing Address

**250 FIFTH AVENUE SOUTH
NAPLES FL 34102**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

801 LAUREL OAK DR.

Suite, Apt. #, etc.
615

City & State
NAPLES FL

Zip Country
34108 USA

3. Mailing Address

801 LAUREL OAK DR.

Suite, Apt. #, etc.
615

City & State
NAPLES FL

Zip Country
34108 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

158-2605248

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMATO, LOUIS X
350 FIFTH AVENUE SOUTH
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**801 LAUREL OAK DRIVE
SUITE 615**
City **NAPLES FL** Zip Code **34108**

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

[Handwritten 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

600004524216--5
-08/08/01--01049--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RRC Ralph B. Cioffi <input type="checkbox"/> Delete MGR 730 Floyd St Englewood Cliffs, NJ 07632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	cc Christophe Cioffi <input type="checkbox"/> Delete 2317 Harrier Run Naples, Florida 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RL Richard Luftig <input type="checkbox"/> Delete 507 Split Rock Road Oyster Bay Cove NY 11791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signature]* **MGR**

2/5/01 212-272 3498

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

Date

Daytime Phone #

CRZE083 (11/00)