

# 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

**350 FIFTH AVENUE SOUTH  
NAPLES FL 34102**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

**801 LAUREL OAK DR.**

3. Mailing Address

**801 LAUREL OAK DR.**

Suite, Apt. #, etc.

**# 615**

Suite, Apt. #, etc.

**# 615**

DO NOT WRITE IN THIS SPACE

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**1 58-2605248**

Applied For

☐ Not Applicable

Zip

**34108**

Country

**USA**

Zip

**34108**

Country

**USA**

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

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 **RRC** NAME **Ralph B. Ciolfi** ☐ Delete **MGR**  
STREET ADDRESS **730 Floyd St**  
CITY-STATE-ZIP **Englewood Cliffs, NJ 07632**

TITLE **CC** NAME **Christophe Ciolfi** ☐ Delete  
STREET ADDRESS **2317 Harrier Run**  
CITY-STATE-ZIP **Naples, Florida 34105**

TITLE **RL** NAME **Richard Luftig** ☐ Delete  
STREET ADDRESS **507 Split Rock Road**  
CITY-STATE-ZIP **Oyster Bay Cove, NY 11791**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-STATE-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-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: **Ralph B. Ciolfi MGR**

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

Date

Daytime Phone #

**2/5/01 212-272 3498**

CR2E083 (11/00)