

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000011087**

1. Entity Name
EURO-AMERICAN REALTY GROUP, LLC

Principal Place of Business
**28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135**

Mailing Address
**28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135**

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

59-3669526

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

**AMBURN, JAMES W
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135**

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
AMBURN, JAMES W
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P.V.T.S
800003829008--8
-03/03/01--01103--021
*****50.00 ~~50.00~~ Addition**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
WEINKAUFF VACATIONS AND INVESTMENTS, INC.
25161 PENNYROYAL DRIVE
BONITA SPRINGS FL 34134**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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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:

James W Amburn
JAMES W AMBURN

1/22/00

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
01 MAR -5 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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