

2001 UNIFORM BUSINESS REPORT (UBR)

0032726 SP

DOCUMENT # L00000012263

1. Entity Name

ABBEYGATE, L.L.C.

FILED

01 JAN 17 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1950 TAMiami TRAIL NORTH
NAPLES FL 34102

Mailing Address

PO BOX 366667
BONITA SPRINGS FL 34136-6667

2. Principal Place of Business

3. Mailing Address

PO BOX 366667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BONITA SPRINGS

Zip

Country

Zip

FL 34136

Country

USA

4. FEI Number

EIN 59-3677687

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

SKRIVIAN, KENT A ESQ.

BUTZEL LONG

801 LAUREL OAK DRIVE, SUITE 705

NAPLES FL 34108

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 MGR
NAME COMBES, ANDREW W
STREET ADDRESS 26123 FAWNWOOD COURT
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 REANDED COMBES

11 JAN 2001 941 948 5081

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

Date

Daytime Phone #

CR2E083 (11/00)