

2001. UNIFORM BUSINESS REPORT (UBR)

0020749 AF

DOCUMENT # L00000012674

1. Entity Name
SEASONAL PROFITS, LC

Principal Place of Business
PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108

Mailing Address
PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108

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
59-3680262

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

WILSON, GARY
PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD., STE. 300
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
OUVERSON, THOMAS H.
5801 PELICAN BAY BLVD., #300
NAPLES, FL 34108-2709

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
NAPLES RADIOLOGISTS PENSION PLAN f/b/o
DAVID E. SMOCK, 7701 SANTA MARGHERITA
NAPLES, FL 34109

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Vining, DONALD Q.
4115 CUTLASS LANE
NAPLES, FL 34103

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
WILTON, GARY P.
535 VIA VENETO, #202
NAPLES, FL 34108

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

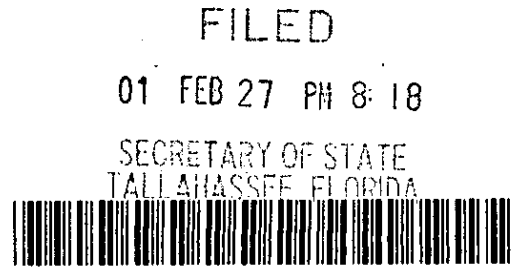
THOMAS H. OUVerson, Managing Member

Date

Daytime Phone #

12-12-01

941-593-2870



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)