

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90127 024 \*\*\*\*50.00

**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**

**954226**



DO NOT WRITE IN THIS SPACE

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

**WILSON, GARY  
PORTER, WRIGHT, MORRIS & ARTHUR  
5801 PELICAN BAY BLVD., STE. 300  
NAPLES FL 34108**

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
OUVERSON, THOMAS H  
5801 PELICAN BAY BLVD., #300  
NAPLES FL 34108-2709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
NAPLES RADIOLOGISS PENSION PLAN  
7701 SANTA MARGARITA WAY  
NAPLES FL 34109** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
VINING, DONALD Q  
4115 CUTLASS LANE  
NAPLES FL 34103** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
WILTON, GARY P  
535 VIA VENETO, #202  
NAPLES FL 34108** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E083 (9/01)

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]*

4/22/02

941-593-2870

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

Date

Daytime Phone #