# 2000 UNIFORM BUSINESS REPORT (UBR)

0017762 SP

DOCUMENT # L98000002017

1. Entity Name

BRUNNER FAMILY ENTERPRISES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 PM 12:43

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 11596 QUAIL ~~VALLEY~~ Village WAY<br>NAPLES FL ~~33194~~ 34119 | 11596 QUAIL ~~VALLEY~~ Village WAY<br>NAPLES FL ~~33194~~ 34119 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 11596 Quail Village Way<br>Suite, Apt. #, etc. | 11596 Quail Village Way<br>Suite, Apt. #, etc. |
| City & State: Naples, Florida | City & State: Naples, Florida |
| Zip: 34119 Country: Collier | Zip: 34119 Country: |

4. FEI Number 52-2129735 ☐ 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 |
|---|---|
| BRUNNER, R. GORDON<br>11596 QUAIL ~~VALLEY~~ Village WAY<br>NAPLES FL ~~33194~~ 34119 | Name: BRUNNER, R. GORDON<br>Street Address (P.O. Box Number is Not Acceptable): 11596 Quail Village Way<br>City: Naples FL Zip Code: 34119 |

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: R. G. B. 2/13/00

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 | MGR<br>BRUNNER, R. GORDON<br>11596 QUAIL ~~VALLEY~~ Village WAY<br>NAPLES FL ~~33194~~ 34119 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>mf 2/23/00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 300003148380--<br>-02/25/00--01100--011<br>*****50.00 *****50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (9/99)

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:** R. Gordon Brunner SIGNATURE REQUIRED 2/13/00 941-596-3070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #