

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032676 SP

DOCUMENT # **L99000005740**

1. Entity  
**COT TRIP DEVELOPMENT, L.L.C.**

**FILED**

01 FEB 23 AM 11:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Pri Business	Mailing Address
6118 S.R. 80 ALVA FL 33920	6118 S.R. 80 WEST ALVA FL 33920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0956394**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      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

**BUTLER, GAREY F**  
**1625 HENDRY STREET, STE 301**  
**FORT MYERS FL 33901**

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 \_\_\_\_\_ (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  Delete  
**MGRM SHULTS, MICHAEL**  
 STREET ADDRESS **6118 S.R. 80 WEST**  
 CITY-ST-ZIP **ALVA FL**

TITLE NAME  Change  Addition  
**400003782294-3**  
**02/27/01 01055-041**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

TITLE NAME  Delete  
**MGRM ELAM-SHULTS, BETHENY**  
 STREET ADDRESS **6118 S.R. 80 WEST**  
 CITY-ST-ZIP **ALVA FL**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  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: Betheny Elam Shults **BETHENY ELAM-SHULTS** 2-21-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Telephone #

CR2E083 (11/00)

8103-1012-1386