

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008041**

1. Entity Name
WINCREST DRIVE, LLC

FILED *LR 3/21*
00 MAR -8 PM 12: 31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**350 KINGSTOWN DRIVE
NAPLES FL 34102**

Mailing Address
**350 KINGSTOWN DRIVE
NAPLES FL 34102-7821**



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

65-0962458

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEEWALD, JEANNE L ESQ
ROETZEL & ADDRESS
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Mark J. Price, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **Roebel + Address, LPA**
850 Park Shore Drive, Third Floor
City **Naples** FL Zip Code **34103**

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]* **Mark J. Price, Esq.** DATE **2/21/00**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGR CAUCHON, PATRICIA A	12 WINCREST DRIVE	WINCHESTER MA 01890	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			400003187674--7	<input type="checkbox"/>	<input type="checkbox"/>
			-03/29/00--01005--017	<input type="checkbox"/>	<input type="checkbox"/>
			*****50.00 *****50.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* DATE **2/1/00** DAYTIME PHONE # **781-721-1177**

CR2E083 (9/99)