

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000000876**

1. Entity Name

**RENAISSANCE GROUP OF FT. MYERS, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02

Principal Place of Business

375 12TH AVE. S.  
NAPLES FL 34102

Mailing Address

375 12TH AVE. S.  
NAPLES FL 34102

2. Principal Place of Business

3403 Winkler Avenue  
Suite, Apt. #, etc.

3. Mailing Address

3403 Winkler Avenue  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

59-3580462

Applied For

Not Applicable

Zip

33916

Country

Zip

33916

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAGA, ANTONIO ESQUIRE  
375 12TH AVENUE, S.  
NAPLES FL 34102

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

Sign Here

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/13/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM  
NAME: ONEIDA, INC.  Delete  
STREET ADDRESS: 375 12TH AVENUE  
CITY-ST-ZIP: NAPLES FL 34102

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: MGRM  Change  Addition  
NAME: Stevens, Michael  
STREET ADDRESS: 3403 Winkler Avenue  
CITY-ST-ZIP: Ft. Myers, FL 33916

TITLE: MGRM  Change  Addition  
NAME: Oneida, Inc.  
STREET ADDRESS: 375 12th Avenue  
CITY-ST-ZIP: Naples, FL 34102

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

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

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

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

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

Sign Here

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9/13/00

CR2E083 (5/00)