2000 UNIFORM BUSINESS REPORT (UBR) Amendment

DOCUMENT # L00001009834

1. Entity Name

201 GULFSIDE PLACE, LLC

FILED
Apr 16, 2001 8:00 A.M
Secretary of State

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1605 MIDDLE GULF DR	1605 MIDDLE GULF DR
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: SANIBEL FL	City & State: SANIBEL FL
Zip: 33957 Country: USA	Zip: 33957 Country: USA

4. FEI Number: 319-44-6377 ☐ 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
	Name: MARCIA R REILLY
	Street Address (P.O. Box Number is Not Acceptable): 1605 MIDDLE GULF DR 201
	City: SANIBEL FL Zip Code: 33957

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: x Marcia R Reilly MARCIA R REILLY 3/26/01
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

000004036690--8
-04/20/01--01122--008
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DAVID A OWENS 645 TARPON BAY RD SANIBEL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER (MGRM) MARCIA R REILLY 1605 MIDDLE GULF DR SANIBEL FL 33957	☐ Change ☒ Addition
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		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/99)

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: x Marcia R Reilly MARCIA REILLY 3/26/01 941-472-9876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #