

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90265 026 ****50.00

967024



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000009834

1. Entity Name

201 GULF SIDE PLACE, L.L.C.

Principal Place of Business

**1605 MIDDLE GULF DR. #201
SANIBEL FL 33957**

Mailing Address

**% 1001 REAL ESTATE EXCHANGE SERVICES. L.C.
695 TARPON BAY RD. #5
SANIBEL FL 33957**

2. Principal Place of Business

3. Mailing Address

**1605 Middle Gulf
#201**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sanibel FL

Zip

Country

Zip

Country

33957

USA

4. FEI Number

31-9446377

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

**REILLY, MARCIA R
1605 MIDDLE GULF DR., #201
SANIBEL FL 33957**

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REILLY, MARCIA R
1605 MIDDLE GULF DR.
SANIBEL FL 33957** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Marcia R. Reilly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8 May 02

Date

472-9876

Daytime Phone #

CR2E083 (9/01)