

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000060

1. Entity Name

ROOKERY POINTE, L.C.

FILED

01 APR 19 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9051 TAMiami TRAIL NORTH, SUITE 202
NAPLES FL 34108

9051 TAMiami TRAIL NORTH, SUITE 202
NAPLES FL 34108

2. Principal Place of Business

24860 Burnt Pine Dr

Suite, Apt. #, etc.

3. Mailing Address

24860 Burnt Pine Dr

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Bonita Springs FL

4. FEI Number

59-3620638

Applied For

Not Applicable

Zip

34134

Country

USA

Zip

34134

Country

USA

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

GARLICK, THOMAS B

8889 PELICAN BAY BOULEVARD, SUITE 300

NAPLES FL 34108

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME Davis, Paula J
STREET ADDRESS 24860 Burnt Pine Dr
CITY-ST-ZIP Bonita Springs FL 34134

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 300004084423-2
CITY-ST-ZIP -04/27/01--01040--002
*****50.00 *****50.00

TITLE M ☐ Delete
NAME Frasco, John W
STREET ADDRESS 24860 Burnt Pine Dr
CITY-ST-ZIP Bonita Springs FL 34134

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

4/4/01

941-488-4520

CR2E083 (11/00)