

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000147

1. Entity Name
REALMARK CAPE MARINA, L.L.C.

Principal Place of Business
1900 LAGOON LANE
CAPE CORAL FL 33914

Mailing Address
1900 LAGOON LANE
CAPE CORAL FL 33914

2. Principal Place of Business
5710 Chiquita Blvd. S.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State

Zip
33914

Country
USA

Zip

Country

4. FEI Number
65-0971116

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, KENNETH A
201 N. FRANKLIN ST., 22ND FLOOR
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Bolanos, Truxton & Young, PA

Street Address (P.O. Box Number is Not Acceptable)
12800 University Drive, Suite 340

City
Fort Myers

FL

Zip Code
33907

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
Gregg Struff

4/17/2001

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William J Stout, Jr. 1900 Lagoon Lane Cape Coral, FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: William J. Stout, Jr.
17 Apr 2001 941541-1372

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

Date

Daytime Phone #

0019829 AF

CR2E083 (11/00)