

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 13 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L00000000187

1. Entity Name

COUNTRY CLUB CONDOMINIUMS OF NAPLES, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1535 SW Archer Road

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 1047

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gainesville, Florida

City & State
Gainesville, Florida

4. FEI Number
59-3620807

Applied For
Not Applicable

Zip
32608

Country
Alachua

Zip
32602

Country
Alachua

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

6. Name and Address of Current Registered Agent

Anthony Liuzzo
1535 SW Archer Road
Gainesville, Florida 32608

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Anthony Liuzzo
1535 SW Archer Road
Gainesville, Florida 32608

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800003224168--1
-04/26/00--01015--027
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 OR MANAGER

Anthony Liuzzo
Managing Member

04/10/00

Date

352/376-9983

Daytime Phone #

CR2E083 (11/99)