

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000242

1. Entity Name  
GATES MCVEY PROPERTY MANAGEMENT, L.L.C.

Principal Place of Business  
% STEVE ROBISON  
5405 PARK CENTRAL COURT  
NAPLES FL 34109

Mailing Address  
% STEVE ROBISON  
5405 PARK CENTRAL COURT  
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

PARRISH, JON D  
PARRISH, WHITE, LAWHON & MOORE, P.A.  
2171 PINE RIDGE SUITE D  
NAPLES FL 34109

Name

Street Address (P.O. Box Number is Not Acceptable)

3838 Tamiami Trail North

Suite 402

City

Naples

FL

Zip Code 34109

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

4/20/01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

000004325960--5  
-05/29/01--01134--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GATES MCVEY CAPITAL GROUP, L.L.C.  
5405 PARK CENTRAL COURT  
NAPLES FL 34109 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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NAME  
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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

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

4/23/01

Date

041-593-3117

Daytime Phone #

0020908 AF

CR2E083 (11/00)

APPROVED  
AND  
FILED  
01 MAY -3 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE