

2001 UNIFORM BUSINESS REPORT (UBR)

0019671 AF

DOCUMENT # L00000000243

1. Entity Name

RICHY ROAD LLC

FILED

01 FEB -7 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O R. SCOTT BARKER, P.A.
12699 NEW BRITTANY BLVD.
FORT MYERS FL 33907

Mailing Address

C/O R. SCOTT BARKER, P.A.
12699 NEW BRITTANY BLVD.
FORT MYERS FL 33907

2. Principal Place of Business

7910 Summerlin Lakes Dr.

3. Mailing Address

7910 Summerlin Lakes Dr.

Suite, Apt. #, etc.

Fort Myers, FL

Suite, Apt. #, etc.

Fort Myers, FL

City & State

City & State

Zip 33907

Country Lee

Zip 33907

Country Lee

4. FEI Number 65-0979591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARKER, R. SCOTT
12699 NEW BRITTANY BLVD.
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name
James B. McMenamy

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

7910 Summerlin Lakes Dr.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-2001

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 ☐ Delete
James B. McMenamy
7910 Summerlin Lakes Dr.
Fort Myers, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003675795--8

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
-02/13/01--01820-01
*****50.00 *****50.00

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

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

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

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

Date

Daytime Phone #

James B. McMenamy

2-5-2001

CR2E083 (11/00)