

2001 UNIFORM BUSINESS REPORT (UBR)

000432 AF

DOCUMENT # L00000000674

1. Entity Name
CLUB ESPRIT II, L.L.C.

FILED

01 JAN 16 AM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O FRED R. TUERPE
525 ONE CENTER BLVD., CLUB ESPRIT APT STE
ALTAMONTE SPRINGS FL 32701

Mailing Address
C/O FRED R. TUERPE
525 ONE CENTER BLVD., CLUB ESPRIT APT STE
ALTAMONTE SPRINGS FL 32701

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

59-3674728

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

GARRIS, CHARLES E
817 BEACHLAND BLVD.
VERO BEACH FL 32963

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 MGR
NAME TUERPE, FRED R
STREET ADDRESS 525 ONE CENTER BLVD, CLUB ESPRIT APT STE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

FRED R. TUERPE

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

1/11/2001

Date

(407) 3343131

Daytime Phone #

CR2E083 (11/00)