

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001157

1. Entity Name
NDC ASSOCIATES VI, LLC

Principal Place of Business
5811 PELICAN BAY BLVD., SUITE 208
NAPLES FL 34108

Mailing Address
5811 PELICAN BAY BLVD., SUITE 208
NAPLES FL 34108

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
59-3622918

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

PASSIDOMO, JOHN M
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES FL 34102

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

0000003911980--S
-03/27/01--01060---002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
STEPHEN D COLEMAN MGRM
5811 PELICAN BAY BLVD STE 208
NAPLES FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
MARK L COLEMAN MGRM
5811 PELICAN BAY BLVD STE 208
NAPLES FL 34108

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 Stephen D. Coleman

2/23/01

941-566-2719

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

Date

Daytime Phone #

CR2E083 (11/00)

FILED
01 MAR 15 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE