

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002437

1. Entity Name

PORT CHARLOTTE LAND GROUP, L.L.C.

Principal Place of Business

6710 MAIN STREET, STE 233
MIAMI LAKES FL 33014

Mailing Address

6710 MAIN STREET, STE 233
MIAMI LAKES FL 33014

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

65-0865297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGLEY, MARCIA
2255 GLADES ROAD
STE 418A
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Christopher J. Mac Nair

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

470 Bayshore Land Group, Inc.

6710 Main Street, Suite 233

City

Miami Lakes

FL

Zip Code

33014

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

Christopher J. Mac Nair, Vice President

8/23/01

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

Due By September 26, 2001

200004602952--4

-09/20/01--01075--019

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TURNBERRY BAYSHORE, LLC
6710 MAIN STREET, SUITE 233
MIAMI LAKES, FL 33014 MGR

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

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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

Christopher J. Mac Nair, Vice President

8/23/01

305-512-8001

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

Date

Daytime Phone #

STAPLE CHECK HERE

0002683

CR2E083 (5/01)

FILED

01 SEP -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE