

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90607 012 ****50.00

DOCUMENT # L00000003006

1. Entity Name

THE CENTRE AT VETERANS' PARK, LLC

Principal Place of Business

**5455 JAEGER ROAD
 NAPLES FL 34109**

Mailing Address

**5455 JAEGER ROAD
 NAPLES FL 34109**

27220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3625206**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PRICE, R. SCOTT ESQ.
 2640 GOLDEN GATE PARKWAY
 SUITE 115
 NAPLES FL 34105**

Name **BRIGID D SOLDAVINI**
 Street Address (P.O. Box Number is Not Acceptable)
5455 Jaeger Rd

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**
 NAME **SOLDAVINI-CLAPPER, BRIGID D**
 STREET ADDRESS **5455 JAEGER ROAD**
 CITY-ST-ZIP **NAPLES FL 34109**

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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 #

CR2E083 (9/01)