

2001 UNIFORM BUSINESS REPORT (UBR)

0019901 AF

DOCUMENT # L00000003029

1. Entity Name

AMERICAN PROPERTIES AT MONTERREY, LLC

Principal Place of Business

**8660 COLLEGE PARKWAY SUITE 250
FT. MYERS FL 33919**

Mailing Address

**8660 COLLEGE PARKWAY SUITE 250
FT. MYERS FL 33919**

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

65-0991127

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

ESOLDI, DAVID J

**8660 COLLEGE PARKWAY SUITE 250
FT. MYERS FL 33919**

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 NAME ☐ Delete
MGRM WEINGARTEN, ALLEN
STREET ADDRESS **517 ROUT 1 SOUTH SUITE 2100**
CITY-ST-ZIP **ISELIN NJ 08830**

TITLE NAME ☐ Change ☐ Addition
200004085882
-04/27/01--01082--011
*******50.00 *****50.00**

TITLE NAME ☐ Delete
MGRM ESOLDI, DAVID J
STREET ADDRESS **8660 COLLEGE PARKWAY SUITE 250**
CITY-ST-ZIP **FT. MYERS FL 33919**

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

TITLE NAME ☐ Delete
MGRM CSIK, RANDY
STREET ADDRESS **517 ROUT 1 SOUTH SUITE 2100**
CITY-ST-ZIP **ISELIN NJ 08830**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
David J. Esoldi

Date

Daytime Phone #

4/18/01 941.267.9259

CR2E083 (11/00)

FILED
2001 APR 20 AM 11:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE