

2001 UNIFORM-BUSINESS REPORT (UBR)

0019630 AF

DOCUMENT # L00000003269

1. Entity Name
KAREN E. BEANE SIGNATURE HOMES, L.L.C.

FILED

01 MAY -4 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12670 NEW BRITTANY BLVD.
SUITE 101
FT. MYERS FL 33907

Mailing Address
COSTELLO SIMS & ROYSTON
P.O. BOX 60205
FORT MYERS FL 33906



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

65-1029206

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

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FT. MYERS FL 33907

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.

(NOT: 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 ☐ Delete
NAME BEANE, KAREN E
STREET ADDRESS 12670 NEW BRITTANY BLVD.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 7178
CITY-ST-ZIP Gilford NH 03247

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(f), 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:

Karen E. Beane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/30/01

CR2E083 (11/00)