

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003547

1. Entity Name

SANDPIPER GULF RESORT II, LLC

Principal Place of Business

242 THIRD STREET NORTH
NAPLES FL 34102

Mailing Address

242 THIRD STREET NORTH
NAPLES FL 34102

2. Principal Place of Business

5550 ESTERO BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS BCH., FL.

City & State

4. FEI Number

59-3635633

Applied For

Not Applicable

Zip

33931

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 JUL 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

VOGEL, JAMES D
3936 TAMiami TRAIL NORTH, SUITE B
NAPLES FL 34103

7. Name and Address of New Registered Agent

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
Due By September 26, 2001

300004500039 6
-07/26/01--01060--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME POHLMANN, HERBERT C
STREET ADDRESS 242 THIRD STREET NORTH
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE MGR
NAME LUND, THOMAS
STREET ADDRESS 242 THIRD STREET NORTH
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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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: Steven J. Mills-Price REQUIRED STEVEN J. MILLS-PRICE 7/19/01 (941) 463-5721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE