

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003645

1. Entity Name  
SANDPIPER GULF RESORT, LLC

FILED

01 JAN 24 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5550 ESTERO BLVD.  
FORT MYERS BEACH FL 33931

Mailing Address  
5550 ESTERO BLVD.  
FORT MYERS BEACH FL 33931

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

59-3635633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME  
MGR  
POHLMANN, HERBERT C  
STREET ADDRESS  
242 NORTH THIRD AVENUE  
CITY-ST-ZIP  
NAPLES FL 34103 ☐ Delete

TITLE NAME  
MGR  
TCL REALTY, INC.  
STREET ADDRESS  
8889 PELICAN BAY BLVD., SUITE 500  
CITY-ST-ZIP  
NAPLES FL 34108 ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003575671-6  
-01/26/01--01012--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

TITLE NAME  
STREET ADDRESS  
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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 X *Steven J. Mills-Price* STEVEN J. MILLS-PRICE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/16/01  
Date

(941) 463-5721  
Daytime Phone #

CR2E083 (11/00)