

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003902

1. Entity Name

CORTINA DEVELOPMENT, LC

FILED

01 APR 25 PM 5: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2043 TRADE CENTER WAY  
NAPLES FL 34109

Mailing Address

2043 TRADE CENTER WAY  
NAPLES FL 34109

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

59-3660474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WILSON, GARY K  
5801 PELICAN BAY BOULEVARD, SUITE 300  
NAPLES FL 34108-2709

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 MGR  
NAME SOAVE, JOHN  
STREET ADDRESS 2043 TRADE CENTER WAY  
CITY-ST-ZIP NAPLES FL

☐ Delete

TITLE MGR  
NAME SCHEINHOLZ, ARTHUR  
STREET ADDRESS 5051 CASTELLO DRIVE  
CITY-ST-ZIP NAPLES FL 34103

☐ Delete

TITLE MGR  
NAME DARER, ENRIQUE  
STREET ADDRESS 39 BRIGHTON AVENUE  
CITY-ST-ZIP BOSTON MA 02131

☐ 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

7000004163917  
-05/08/01--01135--019  
\*\*\*\*\*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  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

941-591-1116

CR2E083 (11/00)