

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003902

1. Entity Name

CORTINA DEVELOPMENT, LC

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCHEINHOLZ, ARTHUR
5051 CASTELLO DRIVE
NAPLES FL 34108

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3055 TERRAMAR DR.
NAPLES FL 34119

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

☐ Delete

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

TITLE
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STREET ADDRESS
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TITLE
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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 #

3/4/02 941-591-1116

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90208 006 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)