

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004143

1. Entity Name  
VILLAS TORINO, LLC

FILED

01 JUN 20 AM 11:12

Principal Place of Business

4255 GULF SHORE BOULEVARD NORTH, STE 1103  
NAPLES FL 34103

Mailing Address

4255 GULF SHORE BOULEVARD NORTH, STE 1103  
NAPLES FL 34103

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1025 COMMONS CIR.

Suite, Apt. #, etc.

3. Mailing Address

1025 COMMONS CIR.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0968288

Applied For

Not Applicable

Zip

34119

Country

USA

Zip

34119

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LISA H  
C/O CHEFFY PASSIDOMO WILSON & JOHNSON  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES FL 34102

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

\$50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MANAGING MEMBER ANTHONY SALCE, JR. ☐ Delete  
STREET ADDRESS 1025 COMMONS CIR.  
CITY-ST-ZIP NAPLES, FL 34119

TITLE NAME MEMBER GERALD MALAMPY ☐ Delete  
STREET ADDRESS 1025 COMMONS CIR.  
CITY-ST-ZIP NAPLES, FL 34119

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 100004316351 ☐ Change ☐ Addition  
STREET ADDRESS -05/25/01--01015--010  
CITY-ST-ZIP \*\*\*\*\*411.25 \*\*\*\*\*50.00

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

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STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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)(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: *Gerald Malampy* REQUIRED

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

4/30/01

Date

941-304-0990

Daytime Phone #

CR2E083 (11/00)