

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004227

1. Entity Name

BEACH ROAD INN, LLC

Principal Place of Business

629 LIGHTHOUSE WAY
SANIBEL FL 33957

Mailing Address

629 LIGHTHOUSE WAY
SANIBEL FL 33957

2. Principal Place of Business

764 BEACH RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANIBEL FL

City & State

SAME

Zip

33957

Country

USA

LEE CO

Zip

33957

Country

USA

4. FEI Number

522236609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOMANO, JACK M M.D.
629 LIGHTHOUSE WAY
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

JACK LOMANO

Street Address (P.O. Box Number is Not Acceptable)

629 LIGHTHOUSE WAY

City

SANIBEL

FL

Zip Code

33957

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOMANO, JACK M M.D.
629 LIGHTHOUSE WAY
SANIBEL FL 33957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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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
100003709131-0
-02/13/01--01831-003
*****50.00 *****50.00

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

[Signature]
LOMANO, JACK M M.D.

Date

1-29-01

Daytime Phone #

941-395-1324

CR2E083 (11/00)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE