

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005088

1. Entity Name

EVERGLADES INVESTMENTS, L.C.

FILED

01 APR 20 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8809 CROSS LANDING LANE
RIVERVIEW FL 33569

Mailing Address

8809 CROSS LANDING LANE
RIVERVIEW FL 33569

2. Principal Place of Business

155 North Lopez Lane

3. Mailing Address

P.O. Box 678

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chokoloskee, FL

City & State

Everglades City, FL

Zip

34138

Country

USA

Zip

34139

Country

USA

4. FEI Number

59-3643062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHALMERS, ANN

8809 CROSS LANDING LANE

RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name: ~~Chalmers, Ann~~

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

155 North Lopez Lane

City: Chokoloskee

FL

Zip Code

34138

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

Ann Chalmers

(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 ~~MEMBER/MANAGER~~ ☐ Delete

NAME ANN CHALMERS
STREET ADDRESS 155 NORTH LOPEZ LANE
CITY-ST-ZIP CHOKOLOSKEE, FLA 34138

TITLE ~~MEMBER~~ ☐ Delete

NAME RICHARD MILLS
STREET ADDRESS 155 NORTH LOPEZ LANE
CITY-ST-ZIP CHOKOLOSKEE, FLA 34138

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ann Chalmers

Date

Daytime Phone #

CR2E083 (11/00)