

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005112

1. Entity Name
WHIPPORWILL PINES, LLC

Principal Place of Business
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES FL 34103

Mailing Address
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES FL 34103

2. Principal Place of Business
533 TURTLE HATCH LANE

3. Mailing Address
533 TURTLE HATCH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34103

Country
USA

Zip
34103

Country
USA

4. FEI Number

593644103

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, DAVID N
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES FL 34103

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BATES, MARK C
533 TURTLE HATCH LANE
NAPLES FL 34103

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003672910--1
-02/09/01--01096--001
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Mark C. Bates* REQUIRED

SIGNATURE AND TYPE OF OFFICIAL OF THE LIMITED LIABILITY COMPANY, PARTNERSHIP, MANAGED BY AUTHORIZED REPRESENTATIVE

1/15/01 941-593-3499

Date

Daytime Phone #

FILED

01 JAN 30 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)