

2001 UNIFORM BUSINESS REPORT (UBR)

002051 AF

DOCUMENT # L00000005205

1. Entity Name

GORTNER FAMILY INVESTMENT LLC

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

THE ENCLAVE - PH 1
4601 GULF SHORE BLVD NORTH
NAPLES FL 34103

Mailing Address

THE ENCLAVE - PH 1
4601 GULF SHORE BLVD NORTH
NAPLES FL 34103

2. Principal Place of Business

Northern Trust Bank of Florida, N.A.

3. Mailing Address

Northern Trust Bank of Florida, N.A.

Suite, Apt. #, etc.

4001 Tamiami Trail North

Suite, Apt. #, etc.

4001 Tamiami Trail North

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3645695

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANDON, ROBERT D ESQ
DUNWODY WHITE & LANDON PA
4001 TAMiami TRAIL NORTH SUITE 200
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

500004035075--8
-04/20/01--01045--029
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME **MGR** ☒ Delete
STREET ADDRESS **GORTNER, WILLARD A TRUSTEE**
CITY-ST-ZIP **THE ENCLAVE - PH 1 4601 GULF SHORE BLVD N
NAPLES FL 34103**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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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 ☐ Change ☒ Addition
STREET ADDRESS **MGR**
CITY-ST-ZIP **Northern Trust Bank of Florida, N.A., as Trustee
4001 Tamiami Trail North
Naples, FL 34103**

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: NTB as Trustee by Carolyn A. Coutas

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

4-09-01 941 262-8800

Date

Daytime Phone #

CR2E083 (11/00)