

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005394

1. Entity Name

SPYGLASS, L.L.C.

FILED

01 APR -2 PM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES FL 34103

Mailing Address
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES FL 34103

2. Principal Place of Business
1400 Gulfshore Blvd
Suite, Apt. #, etc. # 121-B

3. Mailing Address
PO BOX 1122
Suite, Apt. #, etc.

City & State
Naples FL

City & State
NAPLES FL

Zip
34102

Country
USA

Zip
34106

Country
USA

4. FEI Number
59-3647375

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
OWENS, WILLIAM L
4001 TAMiami TRAIL NORTH, SUITE 404
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPE TOWN DEVELOPMENTS, INC PO BOX 1122 Naples FL 34106 MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH F. SCHNOBENDORF 840 SPYGLASS LANE Naples FL 34102 MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. Walter Houston 3075 Ft. Charles Dr. Naples FL 34102 MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003992888-4 -04/11/01--01108--010 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: JOSEPH F. SCHNOBENDORF V.P. MGRM 941-213-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 3/9/01 Daytime Phone #

UBR-2001 AT

CR2E083 (11/00)