

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT L00000005439

1. Entity Name
MAJESTIC WEST, LLC

Principal Place of Business
5811 PELICAN BAY BLVD., SUITE 208
NAPLES FL 34108

Mailing Address
5811 PELICAN BAY BLVD., SUITE 208
NAPLES FL 34108

FILED

01 MAR 15 PM 1:26

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
99-3642350

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PASSIDOMO, JOHN M
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES FL 34102

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 (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 Stephen D. Coleman ☒ Delete
STREET ADDRESS 5811 Pelican Bay Blvd. #208
CITY-ST-ZIP Naples FL 34108

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

TITLE NAME Jeffrey A. Coleman ☒ Delete
STREET ADDRESS 5811 Pelican Bay Blvd. #208
CITY-ST-ZIP Naples FL 34108

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003912607-6
CITY-ST-ZIP -03/27/01--01088--025
*****50.00 *****50.00

TITLE NAME Mark L. Coleman ☒ Delete
STREET ADDRESS 5811 Pelican Bay Blvd #208
CITY-ST-ZIP Naples FL 34108

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Delete
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: Stephen D. Coleman

2/5/01 941-566-2719

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

Date

Daytime Phone #

CR2E083 (11/00)

0020872 AF