

# 2001 UNIFORM BUSINESS REPORT (UBR)

0021353 AF

DOCUMENT # **L00000005599**

FILED

01 MAR -8 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**BAYFRONT PLACE, LC**

Principal Place of Business  
**247 N. COLLIER BLVD., STE 202  
MARCO ISLAND FL 34145**

Mailing Address  
**247 N. COLLIER BLVD., STE 202  
MARCO ISLAND FL 34145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3673125**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS, WILLIAM G  
247 NORTH COLLIER BLVD., STE 202  
MARCO ISLAND FL 34145**

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 \_\_\_\_\_ (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  Delete  
STREET ADDRESS **WE Lease, L.C.**  
CITY-ST-ZIP **5870 Merle Hay Road  
Johnston, IA 50131**

TITLE NAME  Change  Addition  
STREET ADDRESS **CO. MANAGER  
JEFF HENNING  
PO BOX 394  
JOHNSTON, IOWA 50131**

TITLE NAME  Delete  
STREET ADDRESS **B&B, L.C.**  
CITY-ST-ZIP **6979 Greentree Drive  
Naples, FL 34108**

TITLE NAME  Change  Addition  
STREET ADDRESS **CO. MANAGER  
BOB REHA  
247 N. Collier Blvd #202  
MARCO ISLAND, FLA 34145**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition  
**800003891238--4  
-03/21/01--01109--022  
\*\*\*\*\*58.00 \*\*\*\*\*50.00**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  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 60B, Florida Statutes.

SIGNATURE: **JEFF HENNING** CO. MANAGER **2-13-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)