

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005799

1. Entity Name

CROSS KEY MANOR, L.L.C.

Principal Place of Business

3510 TASSEFLOWER COURT
BONITA SPRINGS FL 34134

Mailing Address

3510 TASSEFLOWER COURT
BONITA SPRINGS FL 34134

CHANGE ADDRESS TO:

2. Principal Place of Business

1550 LEE BLVD,

3. Mailing Address

1550 LEE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL.

City & State

LEHIGH ACRES, FL.

4. FEI Number

651017370

Applied For

Not Applicable

Zip

33936

Country

USA

Zip

33936

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, BRUCE D ESQUIRE

1520 ROYAL PALM SQUARE BLVD, SUITE 320

FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name JOHN NOLANO, ESQ

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

1715 MONROE ST

City FT. MYERS

FL

Zip Code 33901

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

John A. DeLoe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/01

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

CAROL CHESIN
123 BEECHWOOD LANE
PITTSBURG, PA 15206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

RENBE' KATZMAN
3510 TASSEFLOWER CT
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

EXECUTIVE DIRECTOR
GRAHAM R. HUTCHINS
1550 LEE BLVD
LEHIGH ACRES, FL 33936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

3000003782929-9
-02/27/01--01088--021
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 608, Florida Statutes.

SIGNATURE:

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

Graham R. Hutchins
GRAHAM R HUTCHINS

Date

Daytime Phone #

2-15-01 941-369-2194

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CR2E083 (11/00)

FILED

01 FEB 22 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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