

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 24 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000005849

1. Entity Name
COQUINA SANDS LOT 16, LLC

Principal Place of Business
350 KINGS TOWN DRIVE
NAPLES FL 34102

Mailing Address
350 KINGS TOWN DRIVE
NAPLES FL 34102

2. Principal Place of Business
401 BAYFRONT PLACE

Suite, Apt. #, etc.

UNIT #3506

City & State
NAPLES, FL

Zip Country
34102 USA

3. Mailing Address
401 BAYFRONT PLACE

Suite, Apt. #, etc.

UNIT #3506

City & State
NAPLES, FL

Zip Country
34102 USA

4. FEI Number
59-3646557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRICE, MARK J ESQ.
ROETZEL & ANDRESS
850 PARK SHORE DRIVE, THIRD FLOOR
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

000004195100--5
-05/11/01--01021--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME JAMES P. O'MEARA
STREET ADDRESS 677 18TH AVENUE SOUTH
CITY-ST-ZIP NAPLES, FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

CR2E083 (11/00)

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: JAMES P. O'MEARA JAMES P. O'MEARA, MANAGER

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

Date

(941) 659-5975

Daytime Phone #