

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006032

1. Entity Name

CORTEZ COVE OPERATIONS, L.L.C.

Principal Place of Business

1400 4TH AVENUE WEST
BRADENTON FL 34205

Mailing Address

1400 4TH AVENUE WEST
BRADENTON FL 34205

2. Principal Place of Business

4522 121st Street

3. Mailing Address

1741 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State
Cortez, FL

City & State
Sarasota, FL

4. FEI Number
65-1010567

Applied For
Not Applicable

Zip
34215

Country
Manatee

Zip
34236

Country
Sarasota

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

VENABLE, JOSEPH P
1400 4TH AVENUE WEST
BRADENTON FL 34205

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RIVOLTA, PIERO
215 ROBIN DRIVE
SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
8000004481568--8
-07/17/01--01097--004
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCICCHITANO, GIANCARLO
1741 MAIN ST., SUITE 101
SARASOTA FL 34236 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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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: *Piero Rivolta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/3/01 (941)9540355
Date Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE



DO NOT WRITE IN THIS SPACE

FILED
01 JUL -6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA