

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90028 001 ****50.00

DOCUMENT # L00000006556

1. Entity Name

SATIE E. GORTNER INVESTMENT LLC

Principal Place of Business

Mailing Address

**NORTHERN TRUST BANK OF FLOIRDA NA
 4001 TAMIAMI TRAIL NORTH
 NAPLES FL 34103**

**NORTHERN TRUST BANK OF FLOIRDA NA
 4001 TAMIAMI TRAIL NORTH
 NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3659240**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONDON, ROBERT D.W. II ESQ
 DUNWODY WHITE & LONDON PA
 4001 TAMIAMI TRAIL NORTH SUITE 200
 NAPLES FL 34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Northern Trust Bank of Florida, N.A.

Signature, typed or printed name of registered agent, manager, or authorized representative.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **NORTHERN TRUST BANK OF FLORIDA NA**
 STREET ADDRESS **4001 TAMIAMI TRAIL NORTH**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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:

Northern Trust Bank of Florida, N.A.

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

Date

Daytime Phone #

7-29-02

941-262-8800

CR2E083 (4/02)