

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90080 036 *****50.00

DOCUMENT # L00000006749

1. Entity Name

CENTURY LAND COMPANY, LLC

Principal Place of Business

801 LAUREL OAK DRIVE, SUITE 400
NAPLES FL 34108

Mailing Address

801 LAUREL OAK DRIVE, SUITE 400
NAPLES FL 34108

2. Principal Place of Business

1061 COLLIER CENTER WAY

3. Mailing Address

1061 COLLIER CENTER WAY

Suite, Apt. #, etc.

SUITE 5

Suite, Apt. #, etc.

SUITE 5

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

59-3671217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESTER, DONALD E
801 LAUREL OAK DRIVE, SUITE 400
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

DON E. LESTER

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

1061 COLLIER CENTER WAY

SUITE 5

City

NAPLES

FL

Zip Code

34110

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

4-25-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LESTER, DONALD E
801 LAUREL OAK DRIVE, SUITE 400
NAPLES FL 34108

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1061 COLLIER CENTER WAY, SUITE 5
NAPLES, FL 34110

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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

Date

Daytime Phone #

4-25-02

259-593-1000

CR2E083 (9/01)