

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

01 MAY -1 PM 6:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007049

1. Entity Name  
INNS OF SOUTHWEST FLORIDA, LLC

Principal Place of Business

2380 VIA DEL REY, SUITE A  
BONITA SPRINGS FL 34134

Mailing Address

2380 VIA DEL REY, SUITE A  
BONITA SPRINGS FL 34134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3780 VIA DEL REY  
Suite, Apt. #, etc.  
SUITE A

3. Mailing Address

3780 VIA DEL REY  
Suite, Apt. #, etc.  
SUITE A

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34134

Country

U.S.

Zip

34134

Country

U.S.

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, DAVID A  
26056 CLARKSTON DR  
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name MEYERS, DAVID A.

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

3780 VIA DEL REY, SUITE A.

City

BONITA SPRINGS

FL

Zip Code

34134

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME Meyers, David A  
STREET ADDRESS 26056 Clarkston Drive  
CITY-ST-ZIP Bonita Springs, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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  
100004272291--7  
-05/21/01--01016--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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: DAVID A MEYERS 49-01 941-949-2915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0032720

SP

CR2E083 (11/00)