

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90212 048 \*\*\*\*50.00

**DOCUMENT # L00000007049**

1. Entity Name

INNS OF SOUTHWEST FLORIDA, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8900 BRIGHTON LANE

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BONITA SPRINGS FL

City & State

4. FEI Number  
65-1102929

Applied For  
Not Applicable

Zip  
34135

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
WIEBEL, HENNELLS & CARUFE, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
9240 BONITA BEACH RD

#3305

City  
BONITA SPRINGS

FL

Zip Code  
34135

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

*Melinda C. CPA*

*4/29/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

January 1 - May 1 Fee is \$450.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MANAGING MEMBER  
AMANDA WITTER  
8900 BRIGHTON LANE  
BONITA SPRINGS FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Amanda Witter* Amanda Witter

Date

Daytime Phone #

CR2E034B (12/01)