

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007447

1. Entity Name

BAYWEST PROPERTIES, L.L.C.

Principal Place of Business

4600 ST. CROIX LANE
NAPLES FL 34109

Mailing Address

4600 ST. CROIX LANE
NAPLES FL 34109

2. Principal Place of Business

7995 PRESERVE CIRCLE

3. Mailing Address

7995 PRESERVE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34119

Country

USA

Zip

34119

Country

USA

4. FEI Number

65-1022570

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME FINKELSTEIN, EDWARD S
STREET ADDRESS 17842 ARGYLL TERRACE
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE MGRM
NAME FINKELSTEIN, MORTON M TRUSTEE
STREET ADDRESS 17079 DARLINGTON COURT
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE MGRM
NAME FINKELSTEIN, RALEIGH J TRUSTEE
STREET ADDRESS 315 PHEASANT LANE
CITY-ST-ZIP ZEPHYR COVE NV 89448 ☐ Delete

TITLE MGRM
NAME POTESIO, FRANK P JR.
STREET ADDRESS 4288 SILVER FOX DRIVE
CITY-ST-ZIP NAPLES FL 34419 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ED FINKELSTEIN TRUST ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

4/25/01

Date

941-595-9641

Daytime Phone #

FILED
01 APR 30 PM 6:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)