

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90162 041 \*\*\*150.00

**DOCUMENT # L00000007829**

1. Entity Name

**24K QUAIL, L.L.C.**

Principal Place of Business

**3635 BONITA BEACH ROAD, SUITE 4  
 BONITA SPRINGS FL 34134**

Mailing Address

**3635 BONITA BEACH ROAD, SUITE 4  
 BONITA SPRINGS FL 34134**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**15601 Fiddlesticks Blvd**

**FT Myers FL**

**33912**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3656730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BONE, ROBERT E JR.  
 1633 SE 47TH TERRACE  
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **Douglas Walton**  
 Street Address (P.O. Box Number is Not Acceptable) **15601 Fiddlesticks Blvd**  
 City **FT Myers** State **FL** Zip **33912**

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

**Douglas Walton** **4/12/02**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **24K FINANCIAL, LLC**  
 STREET ADDRESS **3635 BONITA BEACH ROAD, SUITE 4**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE **MGR** ☐ Change ☒ Addition  
 NAME **Morris Harris**  
 STREET ADDRESS **4260 Brynwood Dr**  
 CITY-ST-ZIP **Naples FL 34119**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

**Douglas Walton** **4/12/02** **239-770-0700**