

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000008946**

1. Entity Name

VANDERBILT MORTGAGE GROUP, LLC

Principal Place of Business

**11983-TAMiami TRAIL NORTH, STE 138
NAPLES FL 34110**

Mailing Address

**11983 TAMiami TRAIL NORTH, STE 138
NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**STORY, JOHN B
25121 PENNYROYAL DRIVE
BONITA SPRINGS FL 34134**

Name

W. Jeffrey Cecil

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

Porter Wright Morris & Arthur

5801 Pelican Bay Blvd. S-300

City

Naples

FL

Zip Code

34108

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
Due By September 26, 2001**

700004640627--1

-10/18/01--01003--008

*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Partner MGRM**
NAME **Eduardo Falcone MGRM**
STREET ADDRESS **20869 Glen Eagles Links Dr.**
CITY-ST-ZIP **Estero, FL 33928**

TITLE **Partner MGRM** ☐ Change ☒ Addition
NAME **Curtiss B. Recklein MGRM**
STREET ADDRESS **11983 Tamiami Trail N. S-138**
CITY-ST-ZIP **Naples, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Curtiss B. Recklein MGRM Partner

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

Date

Daytime Phone #

9/24/01 5946999

FILED

01 OCT 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)