

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90050 036 ****50.00

DOCUMENT # L00000009508

1. Entity Name
VANDERBILT AUTOMOTIVE CENTER, L.L.C.

Principal Place of Business

**533 TURTLE HATCH LANE
 NAPLES FL 34103**

Mailing Address

**533 TURTLE HATCH LANE
 NAPLES FL 34103**

2. Principal Place of Business

**2375 Terra Verde LN.
 Suite, Apt. #, etc.**

3. Mailing Address

**2375 Terra Verde LN
 Suite, Apt. #, etc.**

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34105

Country

USA

Zip

34105

Country

USA

4. FEI Number

59-3680987

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MORRISON, DAVID N ESQ
 3838 TAMiami TRAIL NORTH, SUITE 402
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

MARK BATES

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

2375 Terra Verde LN

City

NAPLES

FL

Zip Code

34105

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 **Mark C. Bates (MARK C. BATES)** **M&R-M** **4-23-01**
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 **MGRM** ☒ Delete
 NAME **BATES, MARK C**
 STREET ADDRESS **533 TURTLE HATCH LANE**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **BATES, MARK C.**
 STREET ADDRESS **2375 TERRA VERDE LN**
 CITY-ST-ZIP **NAPLES, FL 34105**

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

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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: **Mark C. Bates (MARK C. BATES)** **4-23-01** **(941) 593-3499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)