

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009662

1. Entity Name

214 PROPERTY, LLC

Principal Place of Business

Mailing Address

C/O VOGEL LAW OFFICE, P.A.
3936 TAMiami TRAIL NORTH, SUITE B
NAPLES FL 34102

C/O VOGEL LAW OFFICE, P.A.
3936 TAMiami TRAIL NORTH, SUITE B
NAPLES FL 34102

FILED

01 JUL -9 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE



2. Principal Place of Business

4042 Old Trail Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

4. FEI Number

59-3663700

Applied For

Not Applicable

Zip
34103

Country
USA

Zip

Country

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

VOGEL, JAMES D ESQUIRE
3936 TAMiami TRAIL NORTH, SUITE B
NAPLES FL 34102

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Herbert C. Pohlmann, Trustee
4042 Old Trail Way
Naples, FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Enrico Piccaluga
4042 Old Trail Way
Naples, FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Kenney Acquisitions, LLC
4042 Old Trail Way
Naples, FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000004474680--8
-07/13/01--01072--009
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Herbert C. Pohlmann ESQUIRE

7/5/01

941-262-2211

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

Date

Daytime Phone #

CR2F083 (5/01)