

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019697 AF

DOCUMENT # L00000009803

1. Entity Name

AMERICAN PROPERTIES AT BEACHVIEW ESTATES, LLC

FILED

01 APR 20 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8660 COLLEGE PARKWAY, SUITE 250  
FORT MYERS FL 33919

Mailing Address

8660 COLLEGE PARKWAY, SUITE 250  
FORT MYERS FL 33919

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

65-1032577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ESOLDI, DAVID J  
8660 COLLEGE PARKWAY, SUITE 250  
FORT MYERS FL 33919

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 NAME MGRM WEINGARTEN, ALLEN  
STREET ADDRESS 517 ROUTE 1 SOUTH, SUITE 2100  
CITY-ST-ZIP ISELIN NJ 08830 ☐ Delete

TITLE NAME MGRM ESOLDI, DAVID J  
STREET ADDRESS 8660 COLLEGE PARKWAY, SUITE 250  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE NAME MGRM CSIK, RANDY  
STREET ADDRESS 517 ROUTE 1 SOUTH, SUITE 2100  
CITY-ST-ZIP ISELIN NJ 08830 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

200004084852 ☐ Change ☐ Addition  
-04/27/01--01046--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
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CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E083 (11/00)