

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90134 046 ****50.00

DOCUMENT # L00000009803

1. Entity Name

AMERICAN PROPERTIES AT BEACHVIEW ESTATES, LLC

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

15250 Sonoma Dr.

Suite, Apt. #, etc.

3. Mailing Address

15250 Sonoma Dr.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33908

Country

USA

City & State

Ft. Myers, FL

Zip

33908

Country

USA

4. FEI Number

65-1032577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

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)

15250 Sonoma Dr.

City

Ft. Myers

FL

Zip Code

33908

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 **David J. Esoldi** **David J. Esoldi**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

**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 **WEINGARTEN, ALLEN**
 STREET ADDRESS **517 ROUTE 1 SOUTH, SUITE 2100**
 CITY-ST-ZIP **ISELIN NJ 08830**

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

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

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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15250 Sonoma Dr.**
 CITY-ST-ZIP **Ft. Myers, FL 33908**

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:

Signature Required

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

Date

Daytime Phone #

4/12/02 734-288-9700

CR2E083 (9/01)