

# 2000 UNIFORM BUSINESS REPORT (UBR)

Amendment

DOCUMENT # C00000009834

1. Entity Name

ZOI GULFSIDE PLACE, LLC

FILED

Apr 16, 2001 8:00 A.M.  
Secretary of State

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1605 MIDDLE GULF DR

1605 MIDDLE GULF DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

SANIBEL FL

SANIBEL FL

Zip

Country

Zip

Country

33957

USA

33957

USA

4. FEI Number

319-44-6377

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

Name

MARCIA R REILLY

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

1605 MIDDLE GULF DR 201

City

SANIBEL

FL

Zip Code

33957

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

*Marcia R Reilly* MARCIA R REILLY

(NOTE: Registered Agent signature required when reinstating)

3/26/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004036630--8

-04/20/01--01122--008

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM DAVID A OWENS ☒ Delete  
STREET ADDRESS 645 TARPON BAY RD  
CITY-ST-ZIP SANIBEL FL

TITLE NAME MANAGING MEMBER (MGRM) ☐ Change ☒ Addition  
STREET ADDRESS MARCIA R REILLY  
CITY-ST-ZIP 1605 MIDDLE GULF DR  
SANIBEL FL 33957

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Marcia R Reilly*

MARCIA R REILLY

3/26/01

941-472-9870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2F083 (11/99)