

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019635 AF

DOCUMENT # L00000009903

1. Entity Name  
FORT MYERS WATERFRONT, L.L.C.

POSTED

FILED

01 FEB -9 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12734 KENWOOD LANE, SUITE 35  
FORT MYERS FL 33907

Mailing Address

12734 KENWOOD LANE, SUITE 35  
FORT MYERS FL 33907

2. Principal Place of Business

13021 N. Cleveland Ave  
Suite, Apt. #, etc.

3. Mailing Address

12734 Kenwood Lane, Ste 35  
Suite, Apt. #, etc.

City & State

N. Ft Myers, FL

City & State

Ft Myers, FL

4. FEI Number

65-1035419

Applied For

Not Applicable

Zip

Country

33903

Zip

Country

33907

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAVINA, PETER J  
1833 HENDRY STREET  
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name James P. Carroll

Street Address (P.O. Box Number is Not Acceptable)  
4819 Sherry Lane

City Ft. Myers, FL 33908 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 *James P. Carroll*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE President  
NAME James P. Carroll  
STREET ADDRESS 4819 Sherry Lane  
CITY-ST-ZIP Ft. Myers, FL 33908 ☐ Delete

TITLE Vice Pres.  
NAME James P. Carroll  
STREET ADDRESS 19781 So. River Road  
CITY-ST-ZIP Alva, FL 33920 ☐ Delete

TITLE Secretary  
NAME Patricia A. Carroll  
STREET ADDRESS 4819 Sherry Lane  
CITY-ST-ZIP Ft. Myers, FL 33908 ☐ Delete

TITLE Treasurer  
NAME Wendy Carroll  
STREET ADDRESS 19781 So. River Road  
CITY-ST-ZIP Alva, FL 33920 ☐ Delete

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  
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

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:

*James P. Carroll*

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

Date

Daytime Phone #

1-26-01 94-278-5900

CR2E083 (11/00)