

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90017 040 ****50.00

DOCUMENT # L00000009903

1. Entity Name

FORT MYERS WATERFRONT, L.L.C.

Principal Place of Business

**13021 NO. CLEVELAND AVE.
 N. FT MYERS FL 33903**

Mailing Address

**13021 NO. CLEVELAND AVE.
 N. FT MYERS FL 33903**

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

65-1035419

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

**GRAVINA, PETER J
 1833 HENDRY STREET
 FORT MYERS FL 33901**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
 NAME **CARROLL, JAMES P**
 STREET ADDRESS **4819 SHERRY LANE**
 CITY-ST-ZIP **FT. MYERS FL 33908**

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

TITLE **VP** ☐ Delete
 NAME **CARROLL, JAMES P**
 STREET ADDRESS **19781 SO. RIVER RD.**
 CITY-ST-ZIP **ALVA FL 33920**

TITLE ☒ Change ☐ Addition
 NAME **CARROLL, JAMES T.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **CARROLL, PATRICIA A**
 STREET ADDRESS **4819 SHERRY LANE**
 CITY-ST-ZIP **FT. MYERS FL 33908**

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

TITLE **T** ☐ Delete
 NAME **CARROLL, WENDY**
 STREET ADDRESS **19781 SO. RIVER ROAD**
 CITY-ST-ZIP **ALVA FL 33920**

TITLE ☒ Change ☐ Addition
 NAME **CARROLL, WENDI L.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: *Patricia A Carroll*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-17-02

Date

239-278-5900

Daytime Phone #

CR2E083 (9/01)