

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009903

1. Entity Name

FORT MYERS WATERFRONT, L.L.C.



FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90043 041 ****50.00

0061614

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



☐ CHECK HERE IF MAKING CHANGES

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

GRAVINA, PETER J
1833 HENDRY STREET
FORT MYERS FL 33901

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CARROLL, JAMES P
4819 SHERRY LANE
FT. MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
CARROLL, JAMES T
19781 SO. RIVER RD.
ALVA FL 33920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
CARROLL, PATRICIA A
4819 SHERRY LANE
FT. MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
CARROLL, WENDI L
19781 SO. RIVER ROAD
ALVA FL 33920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

2-1-03

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

Date

Daytime Phone #

CR2E083 (10/02)