

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90386 003 ****50.00

DOCUMENT # L00000010437

1. Entity Name

COURTYARD VENTURES, L.L.C.

Principal Place of Business

**5405 PARK CENTRAL COURT
 NAPLES FL 34109**

Mailing Address

**5405 PARK CENTRAL COURT
 NAPLES FL 34109**

955749

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

65-1053725

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required --

6. Name and Address of Current Registered Agent

**MORRISON, DAVID N
 3838 TAMiami TRAIL NORTH, SUITE 402
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

James F. Caudill

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

2640 Golden Gate Pkwy #115

City

Naples

FL

Zip Code

34105

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 F. Caudill

4-23-02

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 GATES MCVEY CAPITAL GROUP, L.L.C.
 5405 PARK CENTRAL COURT
 NAPLES FL 34109** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 TURNER, BERNARD
 801 ANCHOR RODE
 NAPLES FL 34103** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 TURNER, RITA
 801 ANCHOR RODE
 NAPLES FL 34103** ☐ Delete

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

TITLE
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☐ Delete

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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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Stephen V. Robison, Managing Member

4622-02

Date

239-593-3777

Daytime Phone #

CR2E083 (9/01)