

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000010494**

1. Entity Name  
**SECTION 20 INVESTMENTS, L.L.C.**

**FILED**

**01 AUG -6 AM 8:47**

Principal Place of Business

**950 FIFTH AVENUE SOUTH  
NAPLES FL 34102**

Mailing Address

**250 FIFTH AVENUE SOUTH  
NAPLES FL 34102**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**801 LAUREL OAK DR.**

Suite, Apt. #, etc.  
**# 615**

City & State  
**NAPLES FL**

Zip Country  
**34108 USA**

3. Mailing Address

**801 LAUREL OAK DR.**

Suite, Apt. #, etc.  
**# 615**

City & State  
**NAPLES FL**

Zip Country  
**34108 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**158-2605248**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMATO, LOUIS X  
350 FIFTH AVENUE SOUTH  
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**801 LAUREL OAK DRIVE  
SUITE 615**  
City **NAPLES FL** Zip Code **34108**

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

*[Handwritten 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 Department of State

**600004524216--5**  
-08/08/01--01049--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RRC Ralph B. Cioffi</b> <input type="checkbox"/> Delete <b>730 Floyd St</b> <b>MGR</b> <b>Englewood Cliffs, NJ 07632</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>cc Christophe Cioffi</b> <input type="checkbox"/> Delete <b>2317 Harrier Run</b> <b>Naples, Florida 34105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RL Richard Luftig</b> <input type="checkbox"/> Delete <b>507 Split Rock Road.</b> <b>Oyster Bay Cove NY 11791</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ralph B. Cioffi MGR** **2/5/01** **212-272 3498**

CRZE083 (11/00)