

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000010667

1. Entity Name
MAJESTIC FOUNTAINS, L.L.C.

FILED

01 APR 23 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
18605 TAMPA ROAD
FT. MYERS FL 33912

Mailing Address
18605 TAMPA ROAD
FT. MYERS FL 33912



2. Principal Place of Business

15660 San Carlos Blvd.
Suite, Apt. #, etc.
#40

3. Mailing Address

15660 San Carlos Blvd.
Suite, Apt. #, etc.
#40

DO NOT WRITE IN THIS SPACE

City & State
Ft Myers, FL

Zip
33908

Country
USA

City & State

Ft Myers, FL 33912

Zip
33908

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAPP, PAUL
18605 TAMPA ROAD
FT. MYERS FL 33912

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.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01/03/01-01/21
*****100.00

9. MANAGING MEMBERS/MEMBERS

TITLE P
NAME David Russ
STREET ADDRESS 15660 San Carlos Blvd #40
CITY-ST-ZIP Ft Myers, FL 33908 ☐ Delete

TITLE VP
NAME Paul Sapp
STREET ADDRESS 15660 San Carlos Blvd #40
CITY-ST-ZIP Ft Myers, FL 33908 ☐ Delete

TITLE S/T
NAME Marie Sapp
STREET ADDRESS 15660 San Carlos Blvd #40
CITY-ST-ZIP Ft Myers, FL 33908 ☐ Delete

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Marie Sapp

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

Date

Daytime Phone #

4-18-01 941-481-1577

CR2E083 (11/00)