

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90110 020 \*\*\*\*\*50.00

**DOCUMENT # L00000011019**

1. Entity Name

**MOUNT HARVARD DEVELOPMENT, LLC**



Principal Place of Business

2255 WEST GULF DRIVE  
CASA YBEL UNIT 138  
SANIBEL FL 33957

Mailing Address

2255 WEST GULF DRIVE  
CASA YBEL UNIT 138  
SANIBEL FL 33957

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 **91-2089460**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIETTE, ROLAND L JR TRST**  
**2255 WEST GULF DRIVE**  
**CASA YBEL, UNIT 138**  
**SANIBEL ISLAND FL 33957**

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

*Roland L Piette Jr* **ROLAND L PIETTE JR**

**8-15-03**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **PIETTE, JR., ROLAND L**  
STREET ADDRESS **2255 WEST GULF DRIVE, UNIT 138**  
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

*Roland L Piette Jr* **ROLAND L PIETTE JR**

**8-15-03**

**239 472 3145**

**401 762 9030**

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

Date

Daytime Phone #

CR2E083 (4/03)