2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **L00000011024**

1. Entity Name
MOUNT BELFORD DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
C/O JIMMIE L. CHEW 5100 TAMIAMI TRAIL N., SUITE 105 NAPLES FL 34103	C/O JIMMIE L. CHEW 5100 TAMIAMI TRAIL N., SUITE 105 NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
C/O JIMMIE L. CHEW		C/O JIMMIE L. CHEW	
Suite, Apt. #, etc. 1424 SW 53RD TERRACE		Suite, Apt. #, etc. 1424 SW 53RD TERRACE	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33914	Country	Zip 33914	Country

4. FEI Number **91-2089463** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHEW JIMMIE L
5100 TAMIAMI TRAIL N., SUITE 105
NAPLES FL
34103 US

7. Name and Address of New Registered Agent

Name
CHEW JIMMIE L
Street Address (P.O. Box Number is Not Acceptable)
1424 SW 53RD TERRACE
City
CAPE CORAL **FL** Zip Code 33914

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 ______________________ 04/26/2001
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORMAN GARY R 8101 E. PRENTICE AVENUE, SUITE 605 GREENWOOD VILLAGE CO 80111	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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: Gary R. Gorman MGR 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #