

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90047 006 ****50.00

DOCUMENT # L00000011099

1. Entity Name

BALI WEST, L.L.C.

Principal Place of Business

**1455 RAIL HEAD BLVD. #6
 NAPLES FL 34110**

Mailing Address

**1455 RAIL HEAD BLVD. #6
 NAPLES FL 34110**

Change Address

2. Principal Place of Business

**8955 Wake Fern Dr., Suite 1
 Bonita Springs, FL 34135**

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1037624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



933595

6. Name and Address of Current Registered Agent

**PATE, AMY S
 356 CYPRESS WAY WEST
 NAPLES FL 34110**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PATE, AMY S
 356 CYPRESS WAY W.
 NAPLES FL 34110** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PATNAUDE, JOHN
 356 CYPRESS WAY W.
 NAPLES FL 34110** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 RYAN, JAMES
 125 BROOKE FARM ROAD
 ST. DAVIDS PA 19087** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 GALLAGHER, TERENCE
 5806 BOARDWALK
 VENTNOR NJ 07406** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 HEARD, JOSEPH D
 101 S. DORSET AVE.
 VENTNOR NJ 08406** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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 CITY-ST-ZIP
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 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:

[Signature]

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

3/8/02 *941 949 9070*
 Date Daytime Phone #

CR2E083 (9/01)