

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011817

1. Entity Name

EVEREST INVEST OF CAPE CORAL, L.L.C.

Principal Place of Business

944 COUNTRY CLUB BLVD.
SUITE 204
CAPE CORAL FL 33990

Mailing Address

2310 S.E. 28TH ST.
CAPE CORAL FL 33904

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

65-1043001

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F ESQ
1105 CAPE CORAL PARKWAY, EAST, SUITE C
CAPE CORAL FL 33904

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 MGRM
NAME ZUPKE, WOLFGANG
STREET ADDRESS 2310 S.E. 28TH ST.
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE MGR
NAME BUSCHING, FRED
STREET ADDRESS 2718 S.W. 46TH ST.
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE MGR
NAME BUSCHING, LORE
STREET ADDRESS 2718 S.W. 46TH ST.
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ 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
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

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: MANAGING MEMBER REQUIRED

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90011 020 ****50.00

902381



DO NOT WRITE IN THIS SPACE

0019240

CR2E083 (9/01)

07/01/02 941-242-885