

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015187

1. Entity Name

SOUTH WEST FLORIDA LAND HOLDINGS, LLC

Principal Place of Business

Mailing Address

1861 Placida Road, Suite 204
Englewood, Florida 34223

FILED
01 JAN 31 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1861 Placida Road

3. Mailing Address

1861 Placida Road

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Englewood, Florida

City & State

Englewood, Florida

Zip

34223

Country

USA

Zip

34223

Country

USA

4. FEI Number

65-1060357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P.
1861 Placida Road, Suite 204
Englewood, Florida 34223

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM
GUNDERSON, MIKO P.
STREET ADDRESS 1861 Placida Road, Suite 204
CITY-ST-ZIP Englewood, Florida 34223

TITLE NAME ☐ Delete
MGRM
DUFF, JAMES T.
STREET ADDRESS 8252 Wiltshire Blvd.
CITY-ST-ZIP Port Charlotte, Florida 33981

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
300003662003--4
-02/08/01--01031--004
*******50.00 *****50.00**

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

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

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

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

1/29/01 (941) 474-7713

Date

Daytime Phone #

CR2E083 (11/00)