

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015225

1. Entity Name

NAPLES PLACE 5, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -6 PM 2:49

Principal Place of Business

Mailing Address

12795 Maiden Cane Lane
Bonita Springs FL 34135

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

59-3688199

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

7. Name and Address of New Registered Agent

Henry Holzkamper
above

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

Henry Holzkamper

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 Henry Holzkamper ☐ Delete
STREET ADDRESS above
CITY-ST-ZIP

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

TITLE NAME Bruce Hepner ☐ Delete
STREET ADDRESS above
CITY-ST-ZIP

TITLE NAME MGRM ☐ Change ☐ Addition
STREET ADDRESS 600003887836-3
CITY-ST-ZIP -03/20/01--01030--023
*****50.00 *****50.00

TITLE NAME William + Denise Kornyak ☐ Delete
STREET ADDRESS above
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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:

Henry Holzkamper

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

Date

Daytime Phone #

2-8-01

CR2E083 (11/00)