

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016176

1. Entity Name

MAJESTIC PINES, L.L.C.

FILED

01 APR 23 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

15660 San Carlos Blvd  
Suite 40  
Ft Myers, FL 33908

2. Principal Place of Business

15660 San Carlos Blvd

3. Mailing Address

15660 San Carlos Blvd

Suite, Apt. #, etc.

Suite 40

Suite, Apt. #, etc.

Suite 40

City & State

Ft Myers, FL

City & State

Ft Myers, FL

Zip

33908

Country

USA

Zip

33908

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Paul Sapp

Street Address (P.O. Box Number, is Not Acceptable)

15660 San Carlos Blvd #40

City

Ft. Myers

FL

Zip Code

33908

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

Paul L Sapp

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-2001

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Pres  
NAME David Russ  
STREET ADDRESS 15660 San Carlos Blvd #40  
CITY-ST-ZIP Ft Myers, FL 33908

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME Paul Sapp  
STREET ADDRESS 15660 San Carlos Blvd #40  
CITY-ST-ZIP Ft Myers, FL 33908

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S/T  
NAME Marie Sapp  
STREET ADDRESS 15660 San Carlos Blvd #40  
CITY-ST-ZIP Ft Myers, FL 33908

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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:

Marie Sapp Marie Sapp

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

4-18-01 941-2481-1577

Date

Daytime Phone #

CR2E083 (11/00)