

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0020426

03-29-2002 91211 016 \*\*\*\*50.00

**DOCUMENT # L01000000206**

1. Entity Name

**CORKSCREW PALMS, L.L.C.**

Principal Place of Business

**325 SEDGWICK COURT  
NAPLES FL 34109**

Mailing Address

**325 SEDGWICK COURT  
NAPLES FL 34109**

2. Principal Place of Business

**9130 Corsea del Fontana**

Suite, Apt. #, etc.

**Way**

3. Mailing Address

**9130 Corsea del Fontana**

Suite, Apt. #, etc.

**Way**

City &amp; State

**Naples, Florida**

City &amp; State

**Naples, Florida**

Zip

**34109**

Country

**U.S.**

Zip

**34109**

Country

**U.S.**

4. FEI Number

**59-3745721**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CONROY, J. THOMAS III  
3838 TAMiami TRAIL NORTH, STE. 402  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

**Joseph E. D'Jamoos**

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

**9130 Corsea del Fontana Way**

City

**Naples, FL****FL**

Zip Code

**34109**

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.

**Joseph E. D'Jamoos**

(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	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>D'JAMOOS, JOSEPH E</b>	
STREET ADDRESS	<b>915 SEDGWICK COURT</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>9130 Corsea del Fontana Way</b>	
CITY-ST-ZIP	<b>Naples, Florida 34109</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

**Joseph E. D'Jamoos**

Date

Daytime Phone #

**941-596-2733**

CR2E083 (9/01)