


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90226 004 \*\*\*\*50.00

**DOCUMENT # L01000000412**

1. Entity Name  
**ALICO WEST, L.L.C.**



Principal Place of Business      Mailing Address

**2121 MCGREGOR BLVD.  
FORT MYERS FL 33901**      **2121 MCGREGOR BLVD.  
FORT MYERS FL 33901**

2. Principal Place of Business      3. Mailing Address

**15465 Pine Ridge Road**      **15465 Pine Ridge Road**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Ft Myers, Fl**      **Ft. Myers, Fl**

Zip      Country      Zip      Country

**33908**      **Lee**      **33908**      **Lee**

4. FEI Number      Applied For

**65-1076808**       Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CONSOER, GEORGE L JR.  
1625 HENDRY STREET  
SUITE 301  
FORT MYERS FL 33901**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	YOUNGQUIST, TIMOTHY G	15465 PINE RIDGE ROAD	FORT MYERS FL 33908	<input type="checkbox"/>
MGRM	YOUNGQUIST, HARVEY B	15465 PINE RIDGE ROAD	FORT MYERS FL 33908	<input type="checkbox"/>
MGRM	ALICO WEST, INC.	15465 PINE RIDGE ROAD	FORT MYERS FL 33908	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** \_\_\_\_\_ **DATE:** **1/13/03** **DAYTIME PHONE #:** **(239) 489-4444**

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

UJ00031  
CR2E083 (10/02)