

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001682

1. Entity Name

CENTRAL PARK DEVELOPMENT OF SOUTHWEST FLORIDA, L
.L.C.

Principal Place of Business

5405 PARK CENTRAL COURT
NAPLES FL 34109

Mailing Address

5405 PARK CENTRAL COURT
NAPLES FL 34109

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

59-3695661

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

MORRISON, DAVID N
3838 TAMiami TRAIL NORTH, STE. 402
NAPLES FL 34103

Name

James F. Caudill, Esq.

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

2640 Golden Gate Pkwy #115

City

Naples

FL

Zip Code

34105

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 *James F. Caudill* James F. Caudill

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

(NOTE: Registered Agent signature required when reinstating)

4-23-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VECTOR, L.L.C.
5405 PARK CENTRAL COURT
NAPLES FL 34109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHLOE-RAMSEY, L.L.C.
85 WEDDINGTON BRANCH RD.
PIKEVILLE KY 41501 ☐ Delete

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

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☐ 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:

SIGNATURE REQUIRED

4-22-02

239-593-3777

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

Date

Daytime Phone #

Stephen V. Robison, Managing Member of Vector, L.L.C.

CR2E083 (9/01)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90383 009 ****50.00

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DO NOT WRITE IN THIS SPACE