

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-22-2002 90210 040 ****50.00

DOCUMENT # L01000002455

1. Entity Name

NEOPOLITAN INVESTMENTS, LLC

Principal Place of Business

2800 GOLDEN GATE PKWY.
 NAPLES FL 34105

Mailing Address

2800 GOLDEN GATE PKWY.
 NAPLES FL 34105

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1510 NORTHGATE DR

Suite, Apt. #, etc.

City & State

City & State

NAPLES FL 34105

Zip

Country

Zip

Country

34105

US

4. FEI Number

59-3707643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRICE, R. SCOTT ESQ.
 PRICE, SIKET, SOLIS & NOVATT, LLP
 2840 GOLDEN GATE PKWY., STE. 115
 NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

NANCY BUNNELL

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

1510 NORTHGATE DR

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

Nancy Bunnell

3/15/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MARINELLI, PAUL J 2800 GOLDEN GATE PKWY. NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MARINELLI, JOAN 2800 GOLDEN GATE PKWY. NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BUNNELL, JAY 1510 NORTHGATE DR. NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BUNNELL, NANCY 1510 NORTHGATE DR. NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

NANCY BUNNELL

3/15/02

941-262-6909

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

Date

Daytime Phone #

CR2E083 (9/01)