FILED
Jun 26, 2002 8:00 am
Secretary of State

05-07-2002 90383 036 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003760

1. Entity Name

THE SANCTUARY AT PELICAN LANDING, LC

Principal Place of Business	Mailing Address
% PORTER, WRIGHT, MORRIS & ARTHUR 5801 PELICAN BAY BLVD., SUITE 300 NAPLES FL 34108	% PORTER, WRIGHT, MORRIS & ARTHUR 5801 PELICAN BAY BLVD., SUITE 300 NAPLES FL 34108

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3713532 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, GARY
PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member OUVERSON, THOMAS H. 5801 PELICAN BAY BLVD., #300 NAPLES, FL 34108-2709	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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: ____________________ 4/22/02 941-593-2870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

THOMAS H. OUVERSON, MANAGING MEMBER