

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90167 006 \*\*\*\*50.00

**DOCUMENT # L01000004194**

1. Entity Name

**J.E.D./ WITZEL ALICO COMMERCIAL PARK, L.L.C.**

Principal Place of Business

**325 SEDGEWICK COURT  
 NAPLES FL 34109**

Mailing Address

**325 SEDGEWICK 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 & State

**Naples Florida**

City & State

**Naples, Florida**

4. FEI Number

**59-3720150----**

Applied For

Not Applicable

Zip

Country

**34109 U.S.**

Zip

Country

**34109 U.S.**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CONROY, J. T. III  
 3838 TAMiami TRAIL NORTH, SUITE 402  
 NAPLES FL 34109**

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**

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

**Joseph E. D'Jamoos**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **D'JAMOOS, JOSEPH E**  
 CITY-ST-ZIP **325 SEDGEWICK COURT  
 NAPLES FL 34109**

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **WITZEL, KENT E**  
 CITY-ST-ZIP **24712 LAKEMONT COVE LANE #202  
 BONITA SPRINGS FL 34134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9130 Corsea del Fontana Way**  
 CITY-ST-ZIP **Naples, Florida 34109**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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]*

**Joseph E. D'Jamoos**

**941-596-2733**

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

Date

Daytime Phone #

CR2E083 (9/01)