

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005132

1. Entity Name

LAKEVIEW DRIVE OF NAPLES, LLC

Principal Place of Business

365 FIFTH AVE. SOUTH. STE. 201
NAPLES FL 34105

Mailing Address

365 FIFTH AVE. SOUTH. STE. 201
NAPLES FL 34105

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

59-3714083

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

CHEFFY, LOUIS W
CHEFFY, PASSIDOMO, WILSON & JOHNSON LLP
821 FIFTH AVE. SOUTH, STE 201
NAPLES FL 34102

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
ANTHONY, JACK
365 FIFTH AVE SO, #201
NAPLES, FL 34102

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PEZESHKAN, F FRED
2606 S. HORSESHOE DR
NAPLES, FL 34104

☐ Delete

TITLE
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CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/02

239-434-0600

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90204 009 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)