

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2002 90013 004 ****50.00

DOCUMENT # L01000007492

1. Entity Name

CAPTIVA BEACH PROPERTY, LLC

Principal Place of Business

**15400 MILAN LANE
 NAPLES FL 34110**

Mailing Address

**15400 MILAN LANE
 NAPLES FL 34110**

2. Principal Place of Business

15449 Milan Way

3. Mailing Address

Same

City & State

Naples, FL

City & State

Same

Zip

34110

Country

U.S.A.

Zip

34110

Country

U.S.A.

4. FEI Number

65-1103392

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARLICK, THOMAS B
 670 GARLICK, STETLER & PEEPLES, LLP
 8889 PELICAN BAY BLVD., STE. 300
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

5551 Bridgewood Drive, Suite 101

City

Naples

FL

Zip Code

34108

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

TITLE **MGR** ☐ Delete
 NAME **RUBINTON, JON**
 STREET ADDRESS **15400 MILAN LANE**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15449 Milan Way**
 CITY-ST-ZIP **Naples, FL 34110**

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

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

2/13/02

941-592-0134

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

Date

Daytime Phone #

CR2E083 (9/01)