

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90133 011 ****50.00

DOCUMENT # L01000007909

1. Entity Name

VANDER WYNN PROPERTIES, L.C.

Principal Place of Business

FARR, FARR, EMERICH, SIFRIT, HACKETT & CAR
POST OFFICE DRAWER 511447
PUNTA GORDA FL 33951-1447

Mailing Address

FARR, FARR, EMERICH, SIFRIT, HACKETT & CAR
POST OFFICE DRAWER 511447
PUNTA GORDA FL 33951-1447

94764V

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

EIN 65-1106481

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

HACKETT, JACK O II ESQ.
FARR, FARR, EMERICH, SIFRIT, HACKETT & CAR
115 WEST OLYMPIA AVE.
PUNTA GORDA FL 33951-1447

Name

Jack O. Hackett II, Esq.

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

99 Nesbit Street

City

Punta Gorda

FL

Zip Code
33950

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager ☐ Change ☒ Addition
Vander M. Wynn
Post Office Box 511692
Punta Gorda, FL 33951-1692

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

4/2/02

941-625-1951

CR2E083 (9/01)