

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90150 003 ****50.00

DOCUMENT # L01000008116

1. Entity Name
IMPERIAL CASTLEWOOD, LLC

Principal Place of Business
THE FLORESTA BUILDING, PH-II
700 ELEVENTH STREET SOUTH
NAPLES FL 34102

Mailing Address
THE FLORESTA BUILDING, PH-II
700 ELEVENTH STREET SOUTH
NAPLES FL 34102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2663 Airport Rd S
D 110

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Naples FL
 Zip
34112

City & State

4. FEI Number

☒ 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

BRYANT, EDWARD R JR.
THE FLORESTA BUILDING, PH-II
700 ELEVENTH STREET SOUTH
NAPLES FL 34102

Name

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

D 110 2663 Airport Rd S

City

Naples

FL

Zip Code

34112

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)

4/08/02
 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
Ed Bryant
D 110 2663 Airport Rd S
Naples FL

☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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

4/02/02
 Date
941 645-4888
 Daytime Phone #

0019641

CR2E083 (9/01)