

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90054 006 \*\*\*\*50.00

**DOCUMENT # L01000009838**

1. Entity Name

**CRAIG COREY FLORIDA LIMITED, LLC**



Principal Place of Business

**28000 SPANISH WELLS BLVD  
BONITA SPRINGS FL 34135**

Mailing Address

**28000 SPANISH WELLS BLVD  
BONITA SPRINGS FL 34135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3729655**

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

~~AMBURN, JAMES W~~  
~~28000 SPANISH WELLS BLVD~~  
~~BONITA SPRINGS FL 34135~~

Name

**ALLURE ACCOUNTING, LLC**

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

**28000 SPANISH WELLS BLVD**

City

**BONITA SPRINGS**

**FL**

Zip Code

**34135**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete  
NAME **O'NEILL, GARY**  
STREET ADDRESS **28000 SPANISH WELLS BLVD**  
CITY - ST - ZIP **BONITA SPRINGS FL**

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

TITLE **MGRM** ☐ Delete  
NAME **O'NEILL, MARY**  
STREET ADDRESS **28000 SPANISH WELLS BLVD**  
CITY - ST - ZIP **BONITA SPRINGS FL**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

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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:

*Gary O'Neill*

**GARY O'NEIL**

**02/12/03**

**239-992-3355**

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

Date

Daytime Phone #

CR2E083 (10/02)