

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90047 011 \*\*\*\*50.00

**DOCUMENT # L01000013441**

1. Entity Name

**CATELENA DEVELOPMENT GROUP, LLC**

Principal Place of Business

**651 3RD STREET SOUTH  
 NAPLES FL 34102**

Mailing Address

**651 3RD STREET SOUTH  
 NAPLES FL 34102**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**PO Box 960**

**Naples FL**

**34106-0960**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3739309**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M ESQ.  
 CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP  
 821 FIFTH AVENUE SOUTH, STE. 201  
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

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

TITLE **MGR** ☐ Delete  
 NAME **REDDICK, WILLIAM R JR.**  
 STREET ADDRESS **PMB 512, 2614 NORTH TAMiami TRAIL**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **PO Box 960**  
 CITY-ST-ZIP **Naples, FL 34106-0960**

TITLE ☐ Change ☒ Addition  
 NAME **MEM Edward Cherney Trustee**  
 STREET ADDRESS **366 Greenwood**  
 CITY-ST-ZIP **Birmingham MI 48009**

TITLE ☐ Change ☒ Addition  
 NAME **MEM Aragon Development Group, Inc**  
 STREET ADDRESS **PO Box 960**  
 CITY-ST-ZIP **Naples FL 34106-0960**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*William R. Reddick* 01-09-02

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

Date

Daytime Phone #

CR2E083 (9/01)