

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90185 045 ****50.00

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DOCUMENT # L01000014539

1. Entity Name
WINTER HAVEN CITI CENTRE, LLC

Principal Place of Business Mailing Address
226 E. JOEL BLVD. **226 E. JOEL BLVD.**
LEHIGH ACRES FL 33972 **LEHIGH ACRES FL 33972**

924906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-1136441 Not Applicable

Zip Country Zip Country 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

NATIELLO, JOHN
226 E. JOEL BLVD.
LEHIGH ACRES FL 33972

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 _____ (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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	Laura A. Holquist		
	226 E. Joel Blvd.		
	Lehigh Acres, FL 33972		
MGR	William I. Livingston		
	One Corporate Dr. Ste 3A		
	Palm Coast, FL 32137-4715		
MGR	David Lusby		
	One Corporate Dr. Ste 3A		
	Palm Coast, FL 32137-4715		
MGR	John Natiello		
	226 E. Joel Blvd.		
	Lehigh Acres, FL 33972		

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: John Natiello *[Signature]* 1/31/02 941-368-3141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CF2E083 (9/01)