

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-30-2002 90381 034 ****50.00

DOCUMENT # L01000016402

1. Entity Name
METRO PARK OF FT. MYERS, LLC

Principal Place of Business

**710 YORKLYN ROAD
HOCKESSIN DE 19707**

Mailing Address

**710 YORKLYN ROAD
HOCKESSIN DE 19707**

2. Principal Place of Business

1037 5TH AVE. NORTH

3. Mailing Address

1037 5TH AVE. NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number

Applied for

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WOOD, DOUGLAS A. ESQ.
C/O SIESKY, PILON & WOOD
1000 TAMiami TRAIL NORTH, SUITE 201
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name: MATHEW L. GRABINSKI, ESQ
Street Address (P.O. Box Number is Not Acceptable): C/O GARLICK, STETLER & PEEPLES, LLP
5551 RIDGEWOOD DRIVE SUITE 101
City: NAPLES, FLORIDA FL Zip Code: 34108

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]** Esq.

NOTE: Registered Agent signature required when reinstating)

7/17/02
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
NAME **JOHN T GULLIFORD**
STREET ADDRESS **2120 SHAD COURT**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Change ☒ Addition
NAME **JOHN T GULLIFORD**
STREET ADDRESS **2120 SHAD COURT**
CITY-ST-ZIP **NAPLES, FL 34102**

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

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:

SIGNATURE REQUIRED

7/18/02

941-263-4224

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

Date

Daytime Phone #

CR2E083 (4/02)