

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90349 029 \*\*\*\*50.00

**DOCUMENT # L01000017418**

1. Entity Name  
**TENNESSEE FAMILY PROPERTIES, LLC**

Principal Place of Business  
**1100 GULF SHORE BLVD. N.**  
**309**  
**NAPLES FL 34102**

Mailing Address  
**1100 GULF SHORE BLVD. N.**  
**309**  
**NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

**2140 COACH HOUSE LN** **2140 COACH HOUSE LN.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NAPLES, FL**

**NAPLES, FL**

Zip

Country

Zip

Country

**34105**

**COILLIER**

**34105**

**COILLIER**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3754984**

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

**GOODMAN & BREEN, P.A.**  
**3838 TAMiami TRAIL N.**  
**300**  
**NAPLES FL 34103**

Name

**LESLIE H KING III**

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

**2140 COACH HOUSE LN.**

City

**NAPLES**

**FL**

Zip Code

**34105**

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

*Leslie H. King III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-25-02**

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 **MANAGING/OWNER** ☐ Delete  
NAME **LESLIE H KING III**  
STREET ADDRESS **1100 GULF SHORE BLVD. #309**  
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*Leslie H. King III*

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

**4-25-02 239-262-8617**

Date

Daytime Phone #

CR2E083 (9/01)