

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

05-07-2002 90391 044 ****50.00
 08-05-2002 90010 006 ****50.00

DOCUMENT # L01000019054

1. Entity Name
TRINITY OF NAPLES, L.L.C.

Principal Place of Business Mailing Address
11905 TAMiami TRAIL NORTH, UNIT C **11905 TAMiami TRAIL NORTH, UNIT C**
NAPLES FL 34110 **NAPLES FL 34110**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number ☒ Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
 Fee Required

6. Name and Address of Current Registered Agent

LOMAN, GREG
11905 TAMiami TRAIL NORTH, UNIT C
NAPLES FL 34110

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. 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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **LOMAN, GREG**
 STREET ADDRESS **11905 TAMiami TRAIL NORTH, UNIT C**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **Secretary** ☐ Delete
 NAME **Sherri chapman**
 STREET ADDRESS **11905 C-Tamiami-Tr**
 CITY-ST-ZIP **Naples FL 34110**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Sherri chapman**
 STREET ADDRESS **11905 N-Tamiami Tr**
 CITY-ST-ZIP **Naples FL 34110**

TITLE ☐ Change ☐ Addition
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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**

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

8/2/02 **597-6099**
 Date Daytime Phone #

CR2E083 (4/02)