

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90053 021 ****50.00

DOCUMENT # L01000020172

1. Entity Name

SLIP #2 YACHT CLUB OF MARCO ISLAND LLC

Principal Place of Business

**4700 N TAMiami TR
 SUITE 1
 NAPLES FL 34103**

Mailing Address

**4700 N TAMiami TR
 SUITE 1
 NAPLES FL 34103**

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

59-3602565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MATTHEWS, BETTYE J CPA
 4700 N TAMiami TR
 SUITE 1
 NAPLES FL 34103**

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
 NAME FLORIDA REALESTATE EXCHANGE CONNECTION INC
 STREET ADDRESS 4700 N TAMiami TR SUITE 1
 CITY-ST-ZIP NAPLES FL 34103**

☐ Delete

**TITLE
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10. ADDITIONS/CHANGES

**TITLE
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 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change

☐ Addition

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**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change

☐ Addition

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: *Bettye J Matthews*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Freeze
 Date

**941
 403-0605**
 Daytime Phone #

CR2003 (9/01)