

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90030 044 ****50.00

DOCUMENT # L02000002189

1. Entity Name
WILL RAMSEY DEVELOPMENT COMPANY LLC



Principal Place of Business

Mailing Address

~~3332 WHITE BLVD~~
~~NAPLES, FL 34117~~

~~3332 WHITE BLVD~~
~~NAPLES, FL 34117~~

2. Principal Place of Business

3. Mailing Address

5263 Golden Gate Pkwy

5263 Golden Gate Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit D

Unit D

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34116

34116

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWEIKHARDT, WILLIAM
900 SIXTH AVE. SOUTH, STE. 203
NAPLES FL 34102

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAMSEY, WILLIAM S
3332 WHITE BLVD
NAPLES FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAMSEY, GEORGE F
85 WEDDINGTON BRANCH RD
PIKEVILLE KY

☐ Delete

TITLE
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CITY-ST-ZIP
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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] NATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)