2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0038679

DOCUMENT # L02000002814

1. Entity Name

DUNES REALTY REFERRAL COMPANY, LC

FILED

03 JAN 29 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9853 TAMIAMI TRAIL NORTH. #225 NAPLES FL 34108	9853 TAMIAMI TRAIL NORTH. #225 NAPLES FL 34108

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2784 Island Pond Lane	2784 ISLAND POND LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34119 Country: Collier	Zip: 34119 Country: Collier

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	7. Name and Address of New Registered Agent
SERGI, MARY F 300 DUNES BLVD., #402 NAPLES FL 34110	Name: SERGI, MARY F. Street Address (P.O. Box Number is Not Acceptable): 2784 ISLAND POND LN City: NAPLES FL Zip Code: 34119

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Sergi, MARY F. 2784 Island Pond Lane NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Mary F. Sergi 1-7-03 239.591-4253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

COPY FOR FL DEPT of ST. F.Y.I.

Form **SS-4** (Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Dunes Realty REFERRAL CO., LC

2 Trade name of business (if different from name on line 1)
2784 ISLAND POND LN.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
Naples FL 34119

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
NAPLES FL. 34119

5b City, state, and ZIP code

6 County and state where principal business is located
Collier

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ 214-40-1936
MARY F. SERGI

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☒ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ___
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☐ Other corporation (specify) ▶ REAL ESTATE REFERRAL Agent company (LC)
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable) ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☐ Started new business (specify type) ▶ NEW BUSINESS
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☒ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
01/01/02

11 Closing month of accounting year (see instructions)
NO 345. TRANACTED TO DATE

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☒ Other (specify) ▶ Real Estate REFERRAL AGENT CO. ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ MARY F SERGI Trade name ▶ DUNES REALTY INC.

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year): 2/1/01
City and state where filed: NAPLE, (Collier Co.) FL.
Previous EIN: ~~None~~ Current for Dunes Realt 59-3706257

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

(MARY F. SERGI)
Name and title (Please type or print clearly.) ▶ Mary F. Sergi

Business telephone number (include area code): (941) 591-4253
Fax telephone number (include area code): (941) 596-2522

Signature ▶ Mary F. Sergi, President Date ▶ 1/14/03

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying