

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90023 027 ****50.00

DOCUMENT # L02000006420

1. Entity Name

ASHTON ASSOCIATES OF SARASOTA, L.L.C.



Principal Place of Business

**3757 NORTH TAMiami TRAIL
NAPLES FL 34103**

Mailing Address

**3757 NORTH TAMiami TRAIL
NAPLES FL 34103**

2. Principal Place of Business

812 Willowood Lane

Suite, Apt. #, etc.

3. Mailing Address

812 Willowood Lane

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34108

Country

Collier

City & State

Naples, Florida

Zip

34108

Country

Collier

4. FEI Number

009-28-3836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRAND, KENNETH W
3757 NORTH TAMiami TRAIL
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name *DON BEVINS*

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

812 Willowood Lane

City

Naples

FL

Zip Code

34108

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

Don Bevin

2/14/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BRAND, KENNETH W**
STREET ADDRESS **3757 NORTH TAMiami TRAIL**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE *owner/mgr* ☒ Change ☐ Addition
NAME *DON BEVINS*
STREET ADDRESS *812 Willowood Lane*
CITY-ST-ZIP *Naples, FL 34108*

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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:

Don Bevin

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

Date

Daytime Phone #

2/14/03 (239) 578-7292

CR2E083 (10/02)