

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

02-05-2003 90039 029 ****50.00

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**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000006742

1. Entity Name

MAJESTIC WEST-BUNCHE BEACH, LLC



Principal Place of Business

5811 PELICAN BAY BLVD., STE. 208
NAPLES FL 34108

Mailing Address

5811 PELICAN BAY BLVD., STE. 208
NAPLES FL 34108

55009046



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-0049142

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BARNETT, LISA
821 5TH AVE. SOUTH, STE. 201
NAPLES FL 34102

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STEPHEN D. COLEMAN
STREET ADDRESS
5811 PELICAN BAY BLVD STE 208
CITY-ST-ZIP
NAPLES FL 34108

☐ Delete

TITLE
NAME
MARK L COLEMAN
STREET ADDRESS
5811 PELICAN BAY BLVD STE 208
CITY-ST-ZIP
NAPLES FL 34108

☐ Delete

TITLE
NAME
JEFFREY COLEMAN
STREET ADDRESS
5811 PELICAN BAY BLVD STE 208
CITY-ST-ZIP
NAPLES FL 34108

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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☐ 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:

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

Date

Daytime Phone #

SIGNATURE RE: Stephen D. Coleman 1/28/03 (239) 566-2719

CR2E083 (10/02)