

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000009421

1. Entity Name

EVERGLADES OUTPOST RESORT AND MARINA, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 10 PM 1:06

h/9/23

Principal Place of Business

5117 CASTELLO DRIVE, SUITE 2  
NAPLES FL 34103

Mailing Address

5117 CASTELLO DRIVE, SUITE 2  
NAPLES FL 34103

2. Principal Place of Business

2950 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 16

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Address

2950 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 16

City & State

Naples, FL

Zip

34103

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

20-0004869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, PAUL A

5117 CASTELLO DRIVE, SUITE 2  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Paul A. Murray

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

28005 Spanish Wells Blvd.

City

Bonita Springs

FL

Zip Code

34135

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 of individual or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/15/03

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  
STREET ADDRESS  
CITY-ST-ZIP  
ATHINA KYRITSIS NORM  
9240 Bonita Bch Rd 2206  
Bonita Springs FL 34135

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200018683952  
05/09/03--01092--003 \*\*311.25

☐ Change ☐ Addition

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

4/29/03

Date

Daytime Phone #

CR2E083 (10/02)

0038089