

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90003 033 \*\*\*\*50.00

**DOCUMENT # L02000017739**

1. Entity Name

**ALICO VENTURES LLC**



Principal Place of Business

Mailing Address

3106 S HORSESHOE DR  
NAPLES FL 34104  
US

3106 S HORSESHOE DR  
NAPLES FL 34104  
US

2. Principal Place of Business

**17300 STEPPING STONE DR.**

3. Mailing Address

**17300 STEPPING STONE DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**FORT MYERS, FL**

City & State

**FORT MYERS, FL**

4. FEI Number

**01-0737846**

Applied For

Not Applicable

Zip

**33912**

Country

**LEE**

Zip

**33912**

Country

**LEE**

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

**HILFIKER, STEPHEN F**  
**3106 S HORSESHOE DR**  
**NAPLES FL 34102**

Name

**STEPHEN F. HILFIKER**

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

**17300 STEPPING STONE DRIVE**

City

**FORT MYERS**

FL

Zip Code

**33912**

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

*Stephen F. Hilfiaker*

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

(NOTE: Registered Agent signature required when reinstating)

**3/10/03**

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING PARTNER/MEMBER** ☐ Delete  
NAME **STEPHEN F. HILFIKER**  
STREET ADDRESS **17300 STEPPING STONE DRIVE**  
CITY-ST-ZIP **FORT MYERS, FL 33912**

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

TITLE **MANAGING MEMBER** ☐ Delete  
NAME **MICHAEL STEPHEN**  
STREET ADDRESS **3106 S. HORSESHOE DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34104**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Stephen F. Hilfiaker*

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

**3/10/03**

DATE

**(239) 437-5720**

Daytime Phone #

CR2E083 (10/02)