

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

DOCUMENT # L02000033020

1. Entity Name

PAGE FIELD PLAZA, L.L.C.



FILED

2003 AUG 19 AM 9:39

DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2021 Valpariso Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2021 Valpariso Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Fort Myers, Florida

Zip
33917

Country
USA

City & State

North Fort Myers, Florida

Zip
33917

Country
USA

4. FEI Number

02-0654178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Raymond L. Schumann

Street Address (P.O. Box Number is Not Acceptable)
27200 Riverview Center Blvd.

Suite 103

City Bonita Springs

FL

Zip Code
34134

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IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Thomas J. Piper
2021 Valpariso Blvd.
North Fort Myers, Florida 33917

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08/19/03--01007--004 **50.00

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]

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

2/21/03 239.731.1549

Date

Daytime Phone #

CR2E083B (12/02)