

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90087 020 ****50.00

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

DOCUMENT # L02000034739

1. Entity Name

Alterity Partners, LLC



DO NOT WRITE IN THIS SPACE

10104114

2. Principal Place of Business
2880 Gulfshore Blvd. N104 2880 Gulfshore Blvd. N104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
13-4228488

Applied For
Not Applicable

Zip
34103

Country
Collier

Zip
34103

Country
Collier

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Brian A. Basil

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

2880 Gulfshore Blvd. N104

City Naples

FL Zip Code
34103

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

Brian A. Basil

Brian A. Basil, Registered Agent, May 8, 2003

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
Managing Member
Phil B. Harris
2880 Gulfshore Blvd. N104
Naples, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Sean McDevitt
2880 Gulfshore Blvd. N104
Naples, FL 34103

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Brian A. Basil

Brian A. Basil, May 8, 2003 614-469-0400

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

Date

Daytime Phone #

Registered Agent

CR2E083B (12/02)