

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0010685 AF

DOCUMENT # L94000000069

1. Entity Name

THE VILLAGE AT NETTLES ISLAND, LIMITED COMPANY

00 APR 13 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1596 S. FEDERAL HWY.
STUART FL 34994

Mailing Address

9803 SOUTH OCEAN DRIVE
JENSEN BEACH FL 34957-2302



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MMW

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0467262

Applied For

Not Applicable

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

MCCARTHY, TERENCE P
2081 E. OCEAN BLVD.
2-A
STUART FL 34996

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM LUNDSTROM, DANIEL J
STREET ADDRESS 9803 SO. OCEAN DR.
CITY- ST- ZIP JENSEN BEACH FL 34957

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS 900003224059--1
CITY- ST- ZIP -04/26/00--01007--011
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE NAME ☐ Delete
MEM CHRIST, MICHAEL J
STREET ADDRESS 70 FOX TRAIL
CITY- ST- ZIP LINCOLNSHIRE IL 60069

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

TITLE NAME ☐ Delete
MEM RIEMER, J S
STREET ADDRESS 16N158 TYRRELL RD.
CITY- ST- ZIP ELGIN IL 60123-7828

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
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CITY- ST- ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/10/00 561-229-1300

CR2E083 (9/99)