

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 94000000 202

1. Entity Name

HARALD'S SUNSHINE HOMES, I, L.C.

Principal Place of Business

Mailing Address

HARALD'S SUNSHINE HOMES, I, L.C.

3910 S.E. 20TH PLACE

CAPE CORAL, FL 33904

d.t.o.

2. Principal Place of Business

1144 LINCOLN CT

3. Mailing Address

1144 LINCOLN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number

65-0495062

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEEMANN ERNEST A.  
4729 DEL PRADO BLVD  
CAPE CORAL, FL 33904

Name

HARALD ROHLEDER

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

1144 LINCOLN CT

City

CAPE CORAL

FL

Zip Code

33904

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.

HARALD ROHLEDER

(NOTE: Registered Agent signature required when reinstating)

04-15-00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

200003246042--8

-05/10/00--01003--013

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
OCGM  
ROHLEDER HARALD W.  
3910 S.E. 20TH PLACE  
CAPE CORAL FL 33904 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ROHLEDER HARALD W.  
KIRZINGER STR. 21  
86911 DIessen ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ROHLEDER HARALD W. DR.  
1144 LINCOLN CT  
CAPE CORAL FL 33904 ☒ Change ☐ Addition

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1144 LINCOLN CT  
CAPE CORAL FL 33904 ☐ 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 OR MANAGER

04-15-00

Date

941-945-7523

Daytime Phone #

CR2E083 (11/99)