

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 94000000203

1. Entity Name

HARALD'S SUNSHINE HOMES II, L.C.

Principal Place of Business

HARALD'S SUNSHINE HOMES II, L.C.
3910 SE 20TH PLACE
CAPE CORAL, FL 33904

Mailing Address

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

65-0495065

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MANUM

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

500003246045--8

-05/10/00--01003--014

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM ROHLEDER HARALD W. DR. ☐ Delete
STREET ADDRESS 3910 SE 20TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE NAME MGRM ROHLEDER MONIKA ☐ Delete
STREET ADDRESS KILZINGER STR. 21
CITY-ST-ZIP 86911 DIESSEN

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ROHLEDER HARALD W. DR. ☒ Change ☐ Addition
STREET ADDRESS 3910 SE 20TH PLACE 1144 LINCOLN CT
CITY-ST-ZIP CAPE CORAL FL 33904

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 #

04-15-00

941 945 7523

CR2E083 (11/99)