

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0019354

DOCUMENT # L94000000285

1. Entity Name

S.S. RESORT MANAGEMENT, L.C.

03-29-2002 90800 019 ****50.00

Principal Place of Business

**12800 UNIVERSITY DR
 SUITE 260
 FT MYERS FL 33907**

Mailing Address

**12800 UNIVERSITY DR
 SUITE 260
 FT MYERS FL 33907**

2. Principal Place of Business

13451 McGregor Blvd

Suite, Apt. #, etc.
Suite 27

City & State
Ft. Myers, FL

Zip
33919

3. Mailing Address

8961 Conference Dr

Suite, Apt. #, etc.

City & State
Ft. Myers FL

Zip
33919



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0509172**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KRICHBAUM, RICHARD E
 8961 CONFERENCE DRIVE
 FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
 NAME
TAYLOR, ROBERT M
 STREET ADDRESS
12800 UNIVERSITY DR., STE. 260
 CITY-ST-ZIP
FT MYERS FL 33907

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
13451 McGregor Blvd, Suite 27
Ft. Myers, FL 33919

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

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

TITLE
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 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: Richard E. Krichbaum 3/18/02 941-454-1117

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

Date

Daytime Phone #

CR2E083 (9/01)