

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019567 AF

DOCUMENT # L95000000013

1. Entity Name  
ARECA, L.C.

FILED

01 MAR 12 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3623 SE 16 PLACE  
CAPE CORAL FL 33904

Mailing Address

1105 CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

P.O. BOX 100898  
CAPE CORAL FL 33910

2. Principal Place of Business

3. Mailing Address

3623 SE 16th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAPE CORAL, FL

4. FEI Number

65-0633534

Applied For

Not Applicable

Zip

Country

Zip

Country

33904

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

KLAUS PLONSKY

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

3623 SE 16th PL

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 KLAUS PLONSKY

(NOTE: Registered Agent signature required when reinstating)

03-07-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE M ☐ Delete  
NAME PLONSKY, KLAUS  
STREET ADDRESS P.O. BOX 100898  
CITY-ST-ZIP CAPE CORAL FL 33910

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

TITLE M ☐ Delete  
NAME PLONSKY, RENATE  
STREET ADDRESS P.O. BOX 100898  
CITY-ST-ZIP CAPE CORAL FL 33910

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

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

Date

Daytime Phone #

02-21-01 (941) 945-5363

CR2E083 (11/00)