

2000 UNIFORM BUSINESS REPORT (UBR)

0008338 AF

DOCUMENT # L95000000070

1. Entity Name
COLLING PRIVATE PROPERTIES, L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:08

Principal Place of Business
1515 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

Mailing Address
1515 CAPE CORAL PARKWAY
CAPE CORAL FL 33904-9609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0572496
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COLE, HARLEY J
1515 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

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

9. MANAGING MEMBERS / MEMBERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEM COLLING, CLAUS PRIEL 5/A 85408 GAMMELSDORF GERMANY
MEM COLLING, ANGELIKA PRIEL 5/A 85408 GAMMELSDORF GERMANY

10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
900003131199-02/10/00-01074-019
*****50.00 *****50.00

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: *Harley J Cole*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/2/00
Date

941-542-3332
Daytime Phone #

CR2E083 (9/99)