

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000395

1. Entity Name  
VIOLA'S PARADISE HOME II, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR 16 PM 1:56

Principal Place of Business  
1105 CAPE CORAL PARKWAY E  
SUITE C  
CAPE CORAL FL 33904

Mailing Address  
1105 CAPE CORAL PARKWAY E  
SUITE C  
CAPE CORAL FL 33904-9175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5109 Del Prado Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
5109 Del Prado Blvd.  
Suite, Apt. #, etc.

City & State  
Cape Coral, Florida  
Zip 33904 Country USA

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Cape Coral, Florida  
Zip 33904 Country USA

4. FEI Number 65-0584466 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
SEEMANN, ERNEST A  
1105 CAPE CORAL PARKWAY EAST  
SUITE C  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent  
Name Viola Bartel  
Street Address (P.O. Box Number is Not Acceptable)  
5109 Del Prado Blvd.  
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 Viola Bartel DATE 03/14/00  
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROHLEDER, HARALD DR. 3910 DEL PRADO BLVD. CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIOLA'S PARADISE HOLDING COMPANY, L.C. 4729 DEL PRADO BLVD. CAPE CORAL FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIOLA'S PARADISE HOLDING COMPANY, L.C. 5109 DEL PRADO BLVD. CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Viola Bartel DATE 03/14/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
03/14/00 941-540-0713  
Daytime Phone #

CR2E083 (9/99)