

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L95000000674

1. Entity Name

EUROPE FLORIDA PARADISE, L.C.

00 MAR 29 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1601 W MARION AVE #203  
PUNTA GORDA FL 33950

Mailing Address

204-D E. MCKENZIE ST  
PUNTA GORDA FL 33950-6024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-6185226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KONIDES, JIM  
1601 W MARION AVE #203  
PUNTA GORDA FL 33950

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 MGRM  
EBNER, WERNER ☐ Delete  
STREET ADDRESS 204-D E. MCKENZIE ST  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE NAME MEM  
FRIEDEN, WERNER ☐ Delete  
STREET ADDRESS 1601 W MARION AVE #203  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE NAME MEM  
FRIEDEN, EVA ☐ Delete  
STREET ADDRESS 1601 W MARION AVE #203  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE NAME MEM  
NOYEN, JOHN ☐ Delete  
STREET ADDRESS 1601 W MARION AVE #203  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE NAME MEM  
SHOTWELL, BRENDA ☒ Delete  
STREET ADDRESS 1601 W MARION AVE #203  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003212937--4  
CITY-ST-ZIP -04/18/00--01080--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

WERNER EBNER, MANAGER

3/24/00

Date

(41)575-7878

Daytime Phone #

CR2E083 (9/99)