

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000805**

1. Entity Name  
**CASA BONITA PLAZA, L.C.**

FILED

00 APR 11 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2133 PERIWINKLE WAY  
SANIBEL FL 33957

Mailing Address  
P O BOX 416  
SANIBEL FL 33957-0416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0626466**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORTZEL, ALAN S  
2133 PERIWINKLE WAY  
SANIBEL FL 33957

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

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
MGRM SULKOWSKI, JAMES L  
STREET ADDRESS 1517 WINTERBERRY LN  
CITY-ST-ZIP DARIEN IL 60561

TITLE NAME  Change  Addition  
-04/20/00-01008-003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  Delete  
MGRM KUIKEN, ROBERT  
STREET ADDRESS 125 55TH ST  
CITY-ST-ZIP CLARENDON HILLS IL 60514

TITLE NAME  Change  Addition

TITLE NAME  Delete  
MGRM WORTZEL, ALAN S  
STREET ADDRESS 2133 PERIWINKLE WAY  
CITY-ST-ZIP SANIBEL FL 33957

TITLE NAME  Change  Addition

TITLE NAME  Delete  
MGRM MARINELLO, MARK J  
STREET ADDRESS 2133 PERIWINKLE WAY  
CITY-ST-ZIP SANIBEL FL 33957

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  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:

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

Date

Daytime Phone #

CR2PF083 (9/99)