

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000997

1. Entity Name
Villamerica, L.C.

Principal Place of Business Mailing Address
1229 SW 21st Terr. 1229 SW 21st Terr.
Cape Coral, FL 33991 Cape Coral, FL 33991

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

65-0372770

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 MAR 22 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Sylvia, Judy
1229 SW 21st Terrace
Cape Coral, FL 33991

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	M6RM	<input type="checkbox"/> Delete
NAME	Hetzenecker, Hannes	
STREET ADDRESS	Ingolstedter STR 10	
CITY-ST-ZIP	D8529 Beinsfeld, Germany	
TITLE	M6RM	<input type="checkbox"/> Delete
NAME	Hetzenecker, Berda	
STREET ADDRESS	Ingolstedter STR 10	
CITY-ST-ZIP	D8529 Beinsfeld, Germany	
TITLE	M6RM	<input type="checkbox"/> Delete
NAME	Nadler, Gerhard	
STREET ADDRESS	Lindenstr. 28 D-85126	
CITY-ST-ZIP	Muenchsmuenster, Germany	
TITLE	M6RM	<input type="checkbox"/> Delete
NAME	Nadler Rosemarie	
STREET ADDRESS	Lindenstr. 28 D-85126	
CITY-ST-ZIP	Muenchsmuenster, Germany	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400003198264--4
CITY-ST-ZIP	-04/06/00--01059--011
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*****50.00 *****50.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

CR2E083 (11/99)