

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

450

DOCUMENT # L96000000311

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1. Entity Name

CORAL VILLAS LIMITED COMPANY

Principal Place of Business

1208 S.W. 53RD STREET  
CAPE CORAL FL 33914

Mailing Address

1208 S.W. 53RD STREET  
CAPE CORAL FL 33914-7067



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0684927

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

VOSS, JOHANNA C  
1208 S.W. 53RD STREET  
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

*Same*

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 MGRM ☐ Delete  
NAME VOSS, JOHANNA C  
STREET ADDRESS 1208 S.W. 53RD STREET  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE MGRM ☐ Delete  
NAME MEIER, FRED  
STREET ADDRESS 4912 S.W. 11TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

BLT

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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: *Johanna C Voss* REQUIRED

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

3/5/00

Date

941-945-1802

Daytime Phone #

WE ARE FILING FOR DISSOLUTION - SEE ATTACHED TO DIVCORP Tallahassee -

CR2E083 (9/99)