

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000351

1. Entity Name  
THE CLUB ESTATES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:38

Principal Place of Business  
4141 ISLE OF CAPRI ROAD  
NAPLES FL 34114

Mailing Address  
4141 ISLE OF CAPRI ROAD  
NAPLES FL 34114-2564



2. Principal Place of Business  
4455 Isle of Capri Rd  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State  
Naples, FL  
Zip  
34114

Country  
USA

City & State

Zip

Country

4. FEI Number  
59-3390947

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CARDILLO, KEITH & BONAGUIST  
3550 EAST TAMiami TRAIL  
NAPLES FL 33962

## 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  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
BENTON, CHARLES L JR.  
3915 CALVERTON DRIVE  
HYATTSVILLE MD 20782 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
BENTON, CHARLES V PH.D.  
4141 ISLE OF CAPRI ROAD  
NAPLES FL 33962 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
MORRIS, I.L.  
1297 NORTH LEWIS ST  
GLENNVILLE WV 26351 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
STARROPOVLOS, MARK  
2613 INDUSTRIAL ROW  
TROY MI 48084 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
McDermott, Richard P.  
2701 Troy Center Drive  
Troy, MI 48084 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
3000003102443--0  
-01/19/00--01040--019  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ 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 #

CR2E083 (9/99)