

2001 UNIFORM BUSINESS REPORT (UBR)

0032712 SP

DOCUMENT # L96000000351

1. Entity Name

THE CLUB ESTATES, L.C.

FILED

01 JAN 25 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4455 ISLE OF CAPRI RD.
NAPLES FL 34114

Mailing Address

4141 ISLE OF CAPRI ROAD
NAPLES FL 34114-2564

2. Principal Place of Business

9125 Collier Blvd.

3. Mailing Address

9325 Collier Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3390947

Applied For

Not Applicable

Zip

34114

Country

Zip

34114

Country

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

10. ADDITIONS / CHANGES

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

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

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

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

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

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

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

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

TITLE MEM
NAME MCDERMOTT, RICHARD P
STREET ADDRESS 2701 TROY CENTER DRIVE
CITY-ST-ZIP TROY MI 48084 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/01 (941) 775-3468
Date Daytime Phone #

CR2E083 (11/00)