

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000458

1. Entity Name

J.E.M. SANIBEL LIMITED LIABILITY COMPANY

FILED

00 JAN 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1648 PERIWINKLE WAY
SUITE B
SANIBEL FL 33957

Mailing Address

1648 PERIWINKLE WAY
SUITE B
SANIBEL FL 33957-4403

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

65-0842234

Applied For

Not Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

COLLMAN, RICHARD A
1648 PERIWINKLE WAY
SUITE B
SANIBEL FL 33957

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 MILLS, JOHN
STREET ADDRESS 2340 PERIWINKLE WAY SUITE I-2
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE MGRM ☐ Delete
NAME MILLS, BRIGITTE
STREET ADDRESS 2340 PERIWINKLE WAY SUITE I-2
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Add
NAME 300003121163--1
STREET ADDRESS -02/02/00--01082--020
CITY-ST-ZIP *****50.00 *****50.00

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 OR MANAGER

Date

Daytime Phone #

19th JANUARY 2000 - UK TEL-004414832041