

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000000482

1. Entity Name

THE SPINNAKER GROUP, L.C.

Principal Place of Business

4099 TAMiami TRAIL, SUITE 400
NAPLES FL 34103

Mailing Address

4099 TAMiami TRAIL, SUITE 400
NAPLES FL 34103-3548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3462122

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

7. Name and Address of New Registered Agent

STARMAN, SHELDON

4099 TAMiami TRAIL, SUITE 400
NAPLES FL 34103

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 NAME MEM
STREET ADDRESS VANDERBILT BEACH MOTEL, INC.
CITY- ST- ZIP 9225 GULFSHORE DRIVE N
NAPLES FL 34108 ☐ Delete

TITLE NAME MEM
STREET ADDRESS STARMON, SHELDON
CITY- ST- ZIP 4099 TAMiami TRAIL, 4TH FL
NAPLES FL 34103 ☐ Delete

TITLE NAME MEM
STREET ADDRESS RUBECK, RONALD
CITY- ST- ZIP 1517 BROWNING LANE
BLOOMINGTON IN 47401 ☐ Delete

TITLE NAME MEM
STREET ADDRESS RUBECK, KATHLEEN
CITY- ST- ZIP 1517 BROWNING LANE
BLOOMINGTON IN 47401 ☐ Delete

TITLE NAME MEM
STREET ADDRESS EMERY, STEVEN
CITY- ST- ZIP 4220 HARRELL ROAD
BLOOMINGTON IN 47401 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE NAME STARMAN, SHELDON
STREET ADDRESS 4099 TAMiami TR. NO., SUITE 400
CITY- ST- ZIP ☒ Change ☐ Addition

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

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

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

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:

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

4/28/2000 (941) 262-1040
Date Daytime Phone #

CR2E083 (9/99)