

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020563  
AF

DOCUMENT # **L97000000482**

1. Entity Name  
**THE SPINNAKER GROUP, L.C.**

FILED

01 APR -2 PM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4099 TAMiami TRAIL, SUITE 400 NAPLES FL 34103</b>	Mailing Address <b>4099 TAMiami TRAIL, SUITE 400 NAPLES FL 34103</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
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4. FEI Number <b>59-3462122</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**STARMAN, SHELDON**  
**4099 TAMiami TRAIL, SUITE 400**  
**NAPLES FL 34103**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b>	<b>300003992923--4</b> <b>-04/11/01--01108--022</b> <b>*****50.00 *****50.00</b>
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9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>VANDERBILT BEACH MOTEL, INC.</b> <b>9225 GULFSHORE DRIVE N</b> <b>NAPLES FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>STARMON, SHELDON</b> <b>4099 TAMiami TRAIL, SUITE 400</b> <b>NAPLES FL 34103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>RUBECK, RONALD</b> <b>1517 BROWNING LANE</b> <b>BLOOMINGTON IN 47401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>RUBECK, KATHLEEN</b> <b>1517 BROWNING LANE</b> <b>BLOOMINGTON IN 47401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>EMERY, STEVEN</b> <b>4220 HARRELL ROAD</b> <b>BLOOMINGTON IN 47401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>STARMAN, SHELDON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 3/1/2001 (941) 262-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)