

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000498

1. Entity Name

CARHILL ENTERPRISES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:42



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1033 EGRET'S WALK CIRCLE  
UNIT 103  
NAPLES FL 34108

Mailing Address

1033 EGRET'S WALK CIRCLE  
UNIT 103  
NAPLES FL 34108-2417

2. Principal Place of Business

2340 Mont Claire Dr.

3. Mailing Address

2340 Mont Claire Dr.

Suite, Apt. #, etc.

# 202

Suite, Apt. #, etc.

# 202

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

59-3432839

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34109

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZAKS, JOSEPH D  
4501 TAMiami TRAIL N  
SUITE 300  
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

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 MGRM CARBONE, JERRY L ☐ Delete  
STREET ADDRESS 1033 EGRET'S WALK CIR UNIT 103  
CITY-ST-ZIP NAPLES FL 34108

TITLE NAME MGRM CARBONE, MARY E ☐ Delete  
STREET ADDRESS 1033 EGRET'S WALK CIR UNIT 103  
CITY-ST-ZIP NAPLES FL 34108

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 2340 Mont Claire Dr. # 202  
CITY-ST-ZIP Naples, Florida 34109

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 2340 Mont Claire Dr. # 202  
CITY-ST-ZIP Naples, Florida 34109

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

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED**

Jerry L. Carbone 2/17/2000 941-594-5020

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

Date

Daytime Phone #

CR2E083 (9/99)