2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORM BUSI	NESS NEFU	ן נחי	UBNJ	_	•		
DOCUMENT # L9700000948 1. Entity Name					FILED			
THE STRAND REAL ESTATE HOLDINGS, L.C.					00 JAN 21 PM 3: 58			
						•		
Principal Place of Business Mailing Address 10621 AIRPORT-PULLING RD. SUITE 1 10621 AIRPORT-PULLING RNAPLES FL 34109 NAPLES FL 34109-1599			rd. Suite	E 1	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MAPLES PE S	4103	HAPLES TE STISS				. 1901/10/1 0:0 :00/1 100/1 09/1/ 10///	BRUK BOKH POKH ARIKA HIKK	
2. Principal F	Place of Business	3. Mailing Address			<u> </u> 			
5645 57RAND BLVD 5645 57R/ Suite, Apt. #, etc. Suite, Apt. #, etc.			PAND	BLVD	DO NOT WRITE IN THIS SPACE			
#3 #3								
City & State NAPLES FL, City & State NAPLES			5, F	7	4. FEI N	59-3498816	1 1 1	pplied For ot Applicable
zip341	110 COLLIER	Zip 34.110	1110 COUNTY ER UD			ficate of Status Desired	□ \$5.00 Add	
	6. Name and Address of Current R	egistered Agent		Name	7. Nam	e and Address of New Rec	jistered Agent	
SALVATORI, LEO J					P.O. Box N	umber is Not Acceptable)		
4501 N TAMIAMI TRAIL, SUITE 300 NAPLES FL 34103					·			
WAI LEO	7 04100		}	City			Zip Cod	ie
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 NO Make Check Page		EE IS \$50.00 Department of	f State			
	ALAMOINO MEMBE			Department 0		ADDITIONS (C	LIANCES	
9. TITLE	MANAGING MEMBE	RS/MEMBERS Delete	10.			ADDITIONS/C	Change	Addition
NAME STREET ADDRESS	HARDY, ROBERT P 10621 AIRPORT-PULLING RD, SU	TE 1	1	T ADDRESS				
CITY-8T-ZIP	NAPLES FL 34109	Delete	CITY-1	51-21P			Change	Addition
NAME STREET ADDRESS	MARICOPA INVESTMENT CORPORATION			T ADDRESS		9000031	15289	6
CITY-87-ZIP	NAPLES FL 34109	- 1977 t to 197		BT- ZIP	Le mantine		<u>0.00 -****</u>	<u>50.00 </u>
TITLE NAME	"Andrew of the state of the sta	☐ Delete	TITLE Name			~ 0	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET CITY- S	r Address st-zep	•		•	
ALLTE	,	☐ Oeleta	TITLE				Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS		O v		
CITY- 8T- ZIP			CITY- 1	ST-ZIP	.		. Change	Addition
NAME			NAME	r 4000000				
STREET ADDRESS CITY-ST-ZIP	·		CITY-1	FT-ZIP				
TITLE NAME		☐ Delete	TITLE MAME	f			Change	Addition
STREET ADDRESS	,			r Address				
11 Lhereby	certify that the intermation supplied with t	his filing does not qualify for	the exem	ntion stated in Se	ection 119.6	07(3)(i), Florida Statutes. I fu	urther certify that the i	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 ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: SIGNATURED								
	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING MANAGING I	MEMBER OR	MANAGER		Date	Daytime Phone #	

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