

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000948

1. Entity Name

THE STRAND REAL ESTATE HOLDINGS, L.C.

FILED

00 JAN 21 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10621 AIRPORT-PULLING RD. SUITE 1
NAPLES FL 34109

Mailing Address

10621 AIRPORT-PULLING RD. SUITE 1
NAPLES FL 34109-1599

2. Principal Place of Business

5645 STRAND BLVD
Suite, Apt. #, etc.
#3

3. Mailing Address

5645 STRAND BLVD
Suite, Apt. #, etc.
#3

City & State

NAPLES FL US
Zip 34110 Country COLLECTOR

City & State

NAPLES, FL
Zip 34110 Country COLLECTOR US

4. FEI Number

59-3498816

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALVATORI, LEO J
4501 N TAMiami TRAIL, 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 MEM
NAME HARDY, ROBERT P
STREET ADDRESS 10621 AIRPORT-PULLING RD, SUITE 1
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE MEM
NAME MARICOPA INVESTMENT CORPORATION
STREET ADDRESS 10621 AIRPORT-PULLING RD, SUITE 1
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003115289--6
-01/31/00--01006--006
*****50.00 *****50.00

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:

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

Date

Daytime Phone #