

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000948

1. Entity Name

THE STRAND REAL ESTATE HOLDINGS, L.C.

Principal Place of Business

5645 STRAND BLVD. #3
NAPLES FL 34110

Mailing Address

5645 STRAND BLVD. #3
NAPLES FL 34110

2. Principal Place of Business

5692 STRAND COURT

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES, FL

Zip

34110

Country

USA

3. Mailing Address

5692 STRAND COURT

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES, FL

Zip

34110

Country

USA

4. FEI Number

59-3498816

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

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

200004065152--1
-04/24/01--01109--004
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME MEM
HARDY, ROBERT P
STREET ADDRESS 10621 AIRPORT-PULLING RD, SUITE 1
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE
NAME MEM
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 5692 STRAND COURT, SUITE #1
CITY-ST-ZIP NAPLES, FL 34110 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5692 STRAND COURT, SUITE #1
CITY-ST-ZIP NAPLES, FL 34110 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED
AND
FILED

01 APR 16 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)