

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000970**

1. Entity Name

GREEN OAK TERRACE OF NAPLES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4951 TAMiami TRAIL NORTH #3
NAPLES FL 34103

Mailing Address

4951 TAMiami TRAIL NORTH #3
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0456984

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNING, CHRISTIAN F JR
4951 TAMiami TRAIL NORTH #3
NAPLES FL 34103

Name

DAVID C. BOURGEOU

Street Address (P.O. Box Number is Not Acceptable)

2375 TAMiami TRAIL NORTH

SUITE 308

City

NAPLES

FL

Zip Code

34103

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/19/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
MGR
STREET ADDRESS
ROSIN, JOSEPH A
CITY-ST-ZIP
555 SKOKIE BLVD. #350
NORTHBROOK IL 60062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003354064--8
-08/11/00--01083--016
*******50.00 *****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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

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

Date

Daytime Phone #

8-300-

847-2913700

CR2E083 (5/00)