

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001207

1. Entity Name
STONE GATE LANDINGS, LLC

Principal Place of Business
13451 MCGREGOR BLVD., SUITE 31
FT. MYERS FL 33919

Mailing Address
13451 MCGREGOR BLVD., SUITE 31
FT. MYERS FL 33919-5942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3486283

Applied For
Not Applicable

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

WILLIAMS, THOMAS A
13451 MCGREGOR BLVD., SUITE 31
FT. MYERS FL 33919

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 _____ (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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PREMIER INCOME PROPERTIES, INC.
STREET ADDRESS 13451 MCGREGOR BLVD., SUITE 31
CITY- ST- ZIP FT. MYERS FL 33919

☐ Change ☐ Addition
200003250932--3
-05/12/00--01097--002
*****55.00 *****55.00

TITLE MGRM ☐ Delete
NAME MORROW, JAY D
STREET ADDRESS 13451 MCGREGOR BLVD., SUITE 31
CITY- ST- ZIP FT. MYERS FL 33919

☐ Change ☐ Addition

TITLE MGRM ☐ Delete
NAME WILLIAMS, THOMAS A
STREET ADDRESS 13451 MCGREGOR BLVD., SUITE 31
CITY- ST- ZIP FT. MYERS FL 33919

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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: *Thomas A. Williams*

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

THOMAS A. Williams 4-25-00 941/466-5420
Date Daytime Phone #

CR2E083 (9/99)