2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700001294 1. Entity Name PINE ESTATES, L.C.						AN EN ONION	FILED		·	
						SECRETARY OF STATE				
Sum										
Principal Place		Mailing Address				O2 MAR 27 AM 10: 05				
10711 SUMMERLIN DR		1700 BEN FRANKLIN DRIVE #8D								
FT MYERS FL	33907	SARASOTA FL 34236								
Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
		City & State		· -	4. FEI Number 65.0025520 Applied For					1
<u> </u>					Not App				t Applicable	1
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired			\$5.00 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent			7. Name a	and Address of Nev	v Registered /	Agent		1
SAN	ITAULARIA, JES			Name			·			
170	O BEN FRANKLIN DRIVE, 8D		!		Address (P.O. Box Number is Not Acceptable)					
SAR	ASOTA FL 34236									
			City	FL Zip Code					}	
8. The above	named entity submits this statement f	or the purpose of changing	its registere	ed office or reg	stered agent, or	both, in the State of	Florida.]
SIGNATURE _										
	Signature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Registere	d Agent signature rec	uired when reinstating		DATE			-
,		1		FEE IS \$50.	00 -	000005 04/1-	・200. 1/020!	10660	35 29	
<u>*</u> (, ,		Make Check	•	o Departitier ay 1, 2002	it or state	米米米	161.25	*****5	0.00	
9.	MANAGING MEMB	ERS/MANAGERS	10,			ADDITION	NS/CHANGES			<u> </u>
TITLE	MGR SANTAULARIA, J E	☐ Delete	TITLE NAM	I				Change	Addition	CR2E083 (9/01)
NAME STREET ADDRESS	619 CATTLEMAN ROAD	ì		ET ADDRESS					88	
CITY-ST-ZIP	SARASOTA FL 34232		CITY	-ST-ZIP						뷣
TITLE NAME		☐ Delete	TITLE NAM	l l				Change	☐ Addition	5
STREET ADDRESS				ET ADDRESS						
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STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP		<u> </u>				}
 I hereby c indicated limited liat 	ertify that the information supplied wit on this report is true and accurate and oility company or the receiver or truste	h this filing does not qualify d that my signature shall have ee empowered to execute th	for the exer verifie same is report as	mption stated in e legal effect as required by Cl	Section 119.07 if made under o napter 608, Florid	(3)(i), Florida Statute ath; that I am a mai da Statutes.	s. I further cert naging membe	tify that the in or or manage	nformation or of the	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAGING MEMBER, MANAGEA, OR AUTHORIZED REPRESENTATIVE