2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000810 AF

DOCUMENT # L98000000636

1. Entity Name
SWFL HOSPITALITY MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
% ROBERT C. GEBHARDT, ESQ. 4501 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL 34103	% ROBERT C. GEBHARDT, ESQ. 4501 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL 34103-3023

mf 4/12

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
26056 Clarkston Drive		26056 Clarkston Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bonita Springs, Florida		City & State: Bonita Springs, Florida	
Zip: 34135	Country: USA	Zip: 34135	Country: USA

4. FEI Number 59-3559994 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GEBHARDT, ROBERT C ESQ.
PORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMIAMI TRAIL NORTH, SUITE 400
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: David A. Meyers
Street Address (P.O. Box Number is Not Acceptable): 26056 Clarkston Drive
City: Bonita Springs, FL Zip Code: 34135

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 ______ (signed) 3-17-00
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MEYERS, DAVID A 4501 TAMIAMI TRAIL NORTH, #400 NAPLES FL 34103 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR R.O.P.T., LC 26056 Clarkston Drive ~~Bonita Springs, FL 34135~~ XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200003208242--0 -04/13/00--01122--025 *****50.00 *****50.00 ☐ Change ☐ Addition
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CR2E083 (9/99)

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~~ (signed) 3-17-00 941-949-2915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #