

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000636

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

Principal Place of Business

26056 CLARKSTON DRIVE
BONITA SPRINGS FL 34135

Mailing Address

26056 CLARKSTON DRIVE
BONITA SPRINGS FL 34135

2. Principal Place of Business

27891 CROWN LAKE BLVD

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip 34135

Country U.S.

3. Mailing Address

3780 VIA DEL REY

Suite, Apt. #, etc.

SUITE A

City & State

BONITA SPRINGS, FL

Zip 34134

Country U.S.

FILED

2001 APR 20 AM 11:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

MEYERS, DAVID A

26056 CLARKSTON DRIVE

BONITA SPRINGS FL 34135

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME MEYERS, DAVID A
STREET ADDRESS 4501 TAMiami TRAIL NORTH, #400
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE MGR
NAME R.O.P.T., LC,
STREET ADDRESS 26056 CLARKSTON DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ 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
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300004085763-0
-04/27/01--01079--013
*****50.00 *****50.00

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 #

CR2E083 (11/00)