

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90463 001 ***250.00

DOCUMENT # L98000000661

1. Entity Name

GREENFIELD COMMONS, L.L.C.

Principal Place of Business

**1025 COMMONS CIR.
 NAPLES FL 34119**

Mailing Address

**1025 COMMONS CIR.
 NAPLES FL 34119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3511130

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

MALAMPHY, GERALD

4255 GULF SHORE BOULEVARD NORTH

SUITE 1103

NAPLES FL 34103

Name

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

1025 COMMONS CIR.

City

NAPLES

FL

Zip Code

34119

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)

1/10/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
SALCE, ANTHONY H JR.
4255 GULF SHORE BOULEVARD NORTH, STE 1103
NAPLES FL 34103

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1025 COMMONS CIR.
NAPLES, FL 34119

☒ Change ☐ Addition

TITLE
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/02

Date

941-304-0990

Daytime Phone #

CR2E083 (9/01)