

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

L98000000693

Tides Inn Management Company, LLC

Principal Place of Business

Mailing Address

1801 Gulf Shore Blvd. North
Naples, FL 34102

2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3512882

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Scott M. Grant
3341 Tamiami Trail North
Naples, FL 34103

Name

James D. Vogel

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

3936 Tamiami Trail North, Suite B

City

Naples

FL

Zip Code
34103

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

3/28/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$450.00

After MAY 3, 2001 Fee will be \$500.00

Make Check Payable to Department of State

10. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mgr.
Amerigo Management Company
2100 Crayton Road
Naples, FL 34102

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mgr.
Herbert C. Pohlmann
3936 Tamiami Trail North, Suite B
Naples, FL 34103

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004420405--0
-06/14/01--01091--024
****100.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

(941) 262-2211

Daytime Phone

CR2F034 (11/00)