

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 21 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000835

1. Entity Name

TWINEAGLES LAND GROUP I, LLC

Principal Place of Business

4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES FL 34103

Mailing Address

4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES FL 34103-3548

2. Principal Place of Business

11330 TWINEAGLES BLVD.

3. Mailing Address

11330 TWINEAGLES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34120

Country

Zip

34120

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

59-3518957

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CLASP INC.

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

3001 Tamiami Trail North, 4th Floor

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

Joel H. Schechter, Esq., President of CLASP Inc.

Signature, type 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 MGRM  
STREET ADDRESS TWINEAGLES MANAGEMENT, LTD.  
CITY- ST- ZIP 4099 TAMiami TRAIL NORTH, SUITE 305  
NAPLES FL 34103

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CITY- ST- ZIP

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.

TWINEAGLES MANAGEMENT, LTD.  
SIGNATURE: BY James R. Calabrese PRESIDENT OF TWINEAGLES DEVELOPMENT, INC., ITS  
4/27/00 GENERAL PARTNER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)