

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000835

1. Entity Name
TWINEAGLES LAND GROUP I, LLC

Principal Place of Business

11330 TWINEAGLES BLVD.
NAPLES FL 34120

Mailing Address

11330 TWINEAGLES BLVD.
NAPLES FL 34120

2. Principal Place of Business

3451 BONITA BAY BLVD
STE 202

3. Mailing Address

3451 BONITA BAY BLVD.
STE 202

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

Zip

34134

Country

USA

Zip

34134

Country

USA

6. Name and Address of Current Registered Agent

RESOURCE CONSERVATION PROPERTIES, INC.
3451 BONITA BAY BLVD., SUITE 202
BONITA SPRINGS FL 34134

4. FEI Number

59-3518957

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
RCP/TE MANAGEMENT LLC
3451 BONITA BAY BLVD., SUITE 202
BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Delete

TITLE
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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
300004274113--9
-05/21/01--01143--006
*****55.00 *****55.00
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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 #

(941) 495-1002

FILED

01 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)