

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000942

1. Entity Name

ROBARE AND JOHNSON DEVELOPERS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 21 AM 11:02

Principal Place of Business

C/O WILLIAM J. ROBARE  
15725 NORTH TAMiami TRAIL  
NAPLES FL 34110

Mailing Address

C/O WILLIAM J. ROBARE  
15725 NORTH TAMiami TRAIL  
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4170 LOS ALTOS CT  
Suite, Apt. #, etc.

3. Mailing Address

4170 LOS ALTOS CT.  
Suite, Apt. #, etc.

City & State

NAPLES FL  
Zip 34109 Country COLLIER

City & State

NAPLES, FL  
Zip 34109 Country COLLIER

4. FEI Number

593523077 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBARE, WILLIAM R  
15725 NORTH TAMiami TRAIL  
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name ROBARE, William  
Street Address (P.O. Box Number is Not Acceptable)  
4170 LOS ALTOS COURT  
City NAPLES FL Zip Code 34109

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 *William J Robare*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR ROBARE, WILLIAM J  
STREET ADDRESS 15725 NORTH TAMiami TRAIL  
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR ROBARE, William J ☒ Change ☐ Addition  
STREET ADDRESS 4170 LOS ALTOS COURT  
CITY-ST-ZIP NAPLES, FL 34109

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003410563--2  
CITY-ST-ZIP -10/02/00--01011--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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.

SIGNATURE:

*William J Robare*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/12/00  
Date

941-514-7929  
Daytime Phone #

CR2E083 (5/00)