

2001 UNIFORM BUSINESS REPORT (UBR)

0021254 AF

DOCUMENT # L98000001136

1. Entity Name

VANDERBILT GALLERIA, L.C.

FILED

01 MAY -7 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

24840 BURNT PINE DRIVE, SUITE 2
BONITA SPRINGS FL 34134

Mailing Address

24840 BURNT PINE DRIVE, SUITE 2
BONITA SPRINGS FL 34134

2. Principal Place of Business

26811 South Bay Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

350

Suite, Apt. #, etc.

City & State

Bonita Springs, FL.

City & State

4. FEI Number

59-3530267

Applied For

Not Applicable

Zip

34134

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
MORRISON & CONROY, P.A.
3838 TAMiami TRIal NORTH, SUITE 402
NAPLES FL 34103

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

400004336624--0
-05/31/01--01086--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM NASHMAN, JAMES A 24840 BURNT PINE DRIVE, SUITE 2 BONITA SPRINGS FL 34134 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM LAUER, RICHARD A 24840 BURNT PINE DRIVE, SUITE 2 BONITA SPRINGS FL 34134 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
26811 South Bay Dr. Ste 350 Bonita Springs, FL 34134

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

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

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

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

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 #

5/1/01

(904) 498-5363

CR2E083 (11/00)