

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001140

1. Entity Name

ORANGE GROVE CENTER, L.C.

FILED

01 MAY -7 PM 3:04

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26811 South Bay Dr.
Suite, Apt. #, etc.
350

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Same

4. FEI Number

59-3530268

Applied For

Not Applicable

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 TRAIL 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

600004375546--5
-06/07/01--01066--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/01 (941) 498-5333

Date

Daytime Phone #