

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001606

1. Entity Name
9TH AVENUE SOUTH, LLC

FILED

00 JAN 21 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
382 5TH AVENUE SOUTH
NAPLES FL 34102

Mailing Address
382 5TH AVENUE SOUTH
NAPLES FL 34102-6524

2. Principal Place of Business
289 9TH AVE S
Suite, Apt. #, etc.

3. Mailing Address -
Suite, Apt. #, etc.

City & State
NAPLES, FLORIDA

Zip
34102

Country
U.S.A.

City & State

Zip

Country

4. FEI Number 59-3535121 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TODD, GUDRUN R
382 5TH AVENUE SOUTH
NAPLES FL 34102

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 _____ (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	MGRM TODD, GUDRUN R 382 5TH AVENUE SOUTH NAPLES FL 34102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUINER, MALCOLM P.O. BOX 242 WAUKESHA WI 53187	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003115312--3 -01/31/00--01006--019 *****50.00 *****50.00	☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
GUDRUN R. TODD

1/4/2000 (941) 261-0808
Date Daytime Phone #