

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001711

1. Entity Name

IBIS OF NAPLES, L.L.C.

Principal Place of Business

600 5TH AVENUE SOUTH, SUITE 210  
NAPLES FL 34102

Mailing Address

600 5TH AVENUE SOUTH, SUITE 210  
NAPLES FL 34102

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0861000

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OWENS, WILLIAM L ESQ.  
THIRD STREET SOUTH, SUITE 107  
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

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  
Due By September 26, 2001

400004616624--1  
-09/28/01--01060--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WASMER, MARTIN M 600 5TH AVENUE SOUTH, SUITE 210 NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Martin M. Wasmer*  
Martin M. Wasmer

9/20/01

941-263-6877

FILED

01 SEP 24 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CP2E083 (5/01)

STAPLE CHECK HERE