

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001949

1. Entity Name

PREFERRED REALTY GROUP, L.C.

FILED

00 JAN 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

12675 TAMiami TRAIL E
NAPLES FL 34113

Mailing Address

12675 TAMiami TRAIL E
NAPLES FL 34113-9423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3533041

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCHE, CHRISTOPHER A
229 N COLLIER BLVD
MARCO ISLAND FL 34145

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS MAFFEI, FRANK
CITY- ST- ZIP 142 LA PENINSULA BOULEVARD
NAPLES FL 34113 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS GOGGIN, GAIL L
CITY- ST- ZIP P.O. BOX 426
NAPLES FL 34106 ☐ 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
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CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
100003119461
-02/01/00--01123--023
*****55.00 *****55.00 ☐ Change ☐

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

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CITY- ST- ZIP ☐ Change ☐

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

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 of Frank A. Maffei
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-18-00

(941)
417-
3300