

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002213**

1. Entity Name  
**AMERICAN MARYVES, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:20

Principal Place of Business  
2154 CORPORATION BLVD., UNIT B  
NAPLES FL 34109

Mailing Address  
136 PALM VIEW DRIVE  
NAPLES FL 34110-5708



2. Principal Place of Business  
**181 BIG SPRING DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**181 BIG SPRING DRIVE**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

4. FEI Number  
**65-0780376**

Applied For  
Not Applicable

Zip  
**34113**

Country  
**COLLIER**

Zip  
**34113**

Country  
**COLLIER**

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

**LOMBARD, YVES J**  
2154 CORPORATION BLVD., UNIT B  
NAPLES FL 34109

Name  
**LOMBARD, YVES J**  
Street Address (P.O. Box Number is Not Acceptable)  
**181 BIG SPRING DRIVE**  
City  
**NAPLES** FL Zip Code  
**34113**

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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/30/00**

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**LOMBARD, YVES J**  
**2154 CORPORATION BLVD., UNIT B**  
**NAPLES FL 34109** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT, MGRM**  
**LOMBARD, YVES**  
**181 BIG SPRING DRIVE**  
**NAPLES, FL 34113** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**30000329801**  
**-06/20/00-01094-005**  
**\*\*\*\*\*50:00 \*\*\*\*\*50:00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE  
**4/30/00**

DAYTIME PHONE #  
**(941) 5921196**