## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## DOCUMENT # L9800002329 1. Entity Name 00 APR 17 PM 2:51 STRUBLE COLLECTION, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1495 RAILHEAD BLVD., #5 1495 RAILHEAD BLVD., #5 NAPLES FL 34110 NAPLES FL 34110-8461 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE WW City & State City & State Applied For 4. FEI Number 59-3538602 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LOWDER, CATHERINE San Mateo Drive 24753 HOLLYBRIER LANE **BONITA SPRINGS FL 34134** <sup>City</sup> Bonita Springs Zip Code 34134 8. The above partial 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) 600003239776---05/04/00--01076--<u>02</u>2 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State \*\*\*\*\*50.00 \*\*\*\*\*50.00 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. Addition **MGRM** TITLE X Change TITLE NAME STRUBLE, WARD S MAME 201 San Mateo Drive STREET ADDRESS STREET ADDRESS 24752 HOLLYBRIER LANE CITY- ST- ZLP CITY-ST-ZIP Bonita Springs, FL 34134 **BONITA SPRINGS FL 34134** X Change Addition ☐ Delete TITLE TITLE NAME NAME LOWDER, CATHERINE 201 San Mateo Drive STREET ADDRESS STREET ADDRESS 24752 HOLLYBRIER LANE CITY- ST- ZIP CITY- ST- ZIP Bonita Springs, FL 34134 **BONITA SPRINGS FL 34134** Addition Detete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS C1TY-8T-21P CITY- ST- ZIP ☐ Change ☐ Addition TITLE Octeta TITLE MAME NAME STREET ARRESS STREET ADDRESS CITY- 27-71P CITY. ST. 71P Change Delete TITLE Addition TITY NAME RAME STREET ADDRESS STREET ADDRESS CITY- 21-71P CIT 3- ST- ZIP 11. I hereby certify that the information supplied with this filling 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 strustee empowered to exclude this report as required by Chapter 608, Florida Statutes.

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

APPROVED