

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002878

1. Entity Name

FIFTH AVENUE BEACH CLUB, L.L.C.

Principal Place of Business

3757 TAMiami TRAIL NORTH  
NAPLES FL 34103

Mailing Address

3757 TAMiami TRAIL NORTH  
NAPLES FL 34103

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

59-3546862

Applied For

Not Applicable

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

CRONIN, DENNIS P ESQ.  
4001 TAMiami TRAIL NORTH  
SUITE 404  
NAPLES FL 34103

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

TITLE NAME MGR BEVINS, DONALD ☐ Delete  
STREET ADDRESS 3401 NORTH TAMiami TRAIL, SUITE 207  
CITY-ST-ZIP NAPLES FL 34103

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGR BEVINS, DONALD C. ☒ Change ☐ Addition  
STREET ADDRESS 3757 TAMiami TRAIL N  
CITY-ST-ZIP NAPLES, FL 34103

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

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

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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DONALD BEVINS

4/16/01

(941)654-2304

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

01 MAY 11 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA