

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -5 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002926

1. Entity Name

ARNOLD DEVELOPMENT OF SOUTHWEST FLORIDA, L.C.

Principal Place of Business

1361 AIRPORT ROAD NORTH
NAPLES FL 34104

Mailing Address

1361 AIRPORT ROAD NORTH
NAPLES FL 34104-3315

2. Principal Place of Business

1100 Commercial Blvd. #118
Suite, Apt., etc.
Naples FL 34104

3. Mailing Address

1100 Commercial Blvd. #118
Suite, Apt., etc.
Naples FL 34104

City & State

City & State

4. FEI Number

65-0883181

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL E
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name

WRIGHT, ANTHONY J.

Street Address (P.O. Box Number is Not Acceptable)

1100 Commercial Blvd. #118

City

NAPLES

FL

Zip Code
34104

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)

4/28/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
WRIGHT, ANTHONY J
STREET ADDRESS 1361 AIRPORT ROAD NORTH
CITY- ST- ZIP NAPLES FL 34104 ☐ 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
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME MGR
WRIGHT, ANTHONY J. ☒ Change ☐ Addition
STREET ADDRESS 1100 Commercial Blvd. #118
CITY- ST- ZIP Naples FL 34104

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
400003275404--2
-06/02/00--01090--020
*****50.00 *****50.00

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

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

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 REQUIRED

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

4/28/00

Date

(941) 643- 6333

Daytime Phone #

CR2E013 (9/99)