

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002947

1. Entity Name

5TH AVENUE/3RD STREET DEVELOPMENT, L.L.C.

Principal Place of Business

24840 BURNT PINE DRIVE, SUITE 2
BONITA SPRINGS FL 34134

Mailing Address

24840 BURNT PINE DRIVE, SUITE 2
BONITA SPRINGS FL 34134-2999

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

65-0890308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONROY, J. THOMAS III
3838 TAMiami TRAIL NORTH, SUITE 402
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

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
NASHMAN, JAMES A
STREET ADDRESS 24840 BURNT PINE DRIVE, SUITE 2
CITY-ST-ZIP BONITA SPRINGS FL 34134

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

TITLE NAME MGRM ☐ Delete
KEPLEY, RICHARD B
STREET ADDRESS 1170 THIRD STREET SOUTH, SUITE C-206
CITY-ST-ZIP NAPLES FL 34103

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003260952-5
CITY-ST-ZIP -05/22/00--01013--020
*****50.00 *****50.00

TITLE NAME MGRM ☐ Delete
CONROY, J. THOMAS III
STREET ADDRESS 3838 TAMiami TRAIL NORTH, SUITE 402
CITY-ST-ZIP NAPLES FL 34103

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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 REQUIRED

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

4/3/00

Date

(941) 403-4477

Daytime Phone #

CF2E083 (9/99)