

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 16 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003068

1. Entity Name

A & Z PROPERTIES OF SOUTHWEST FLORIDA, LLC

Principal Place of Business

4839 LAUREL LANE. S.W.  
FORT MYERS FL 33908

Mailing Address

4839 LAUREL LANE. S.W.  
FORT MYERS FL 33908-2018

2. Principal Place of Business

3. Mailing Address

13181 PONDEROSA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT MYERS, FL

Zip

Country

Zip

33907

Country

USA

4. FEI Number

65-0900747

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

GUSTEIN, DAVID  
13181 PONDEROSA WAY  
FORT MYERS FL 33907

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. ACTIONS/CHANGES

TITLE NAME MGR GUTSTEIN, DAVID ☐ Delete  
STREET ADDRESS 4839 LAUREL LANE, S.W.  
CITY-ST-ZIP FORT MYERS FL

TITLE NAME 13181 Ponderosa Way ☒ Change ☐ Addition  
STREET ADDRESS Fort Myers, FL 33907  
CITY-ST-ZIP

TITLE NAME MGR GROSFLAM, JODI ☐ Delete  
STREET ADDRESS 4839 LAUREL LANE, S.W.  
CITY-ST-ZIP FORT MYERS FL

TITLE NAME Jodi Grosflam ☒ Change ☐ Addition  
STREET ADDRESS 13181 Ponderosa Way  
CITY-ST-ZIP Fort Myers, FL 33907

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003284064-3  
CITY-ST-ZIP -06/12/00-01010-007

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/10/00 941 466-8838

CR2E083 (9/99)