

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003365**

1. Entity Name  
**HARBORAGE COMMONS, L.L.C.**

Principal Place of Business  
~~13241 UNIVERSITY DRIVE, SUITE 101~~  
**FORT MYERS FL 33907**

Mailing Address  
~~13241 UNIVERSITY DRIVE, SUITE 101~~  
**FORT MYERS FL 33907**

2. Principal Place of Business  
**7910 Summerlin Lakes Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

City & State  
**Ft Myers FL**  
Zip **33907** Country **USA**

City & State  
**Same**  
Zip **Same** Country

4. FEI Number **65-0902674**

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

**FRYE, MICHAEL J**  
**13241 UNIVERSITY DRIVE, SUITE 101**  
**FORT MYERS FL 33907**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

## 9. MANAGING MEMBERS/MEMBERS

TITLE **MGRM** ☐ Delete  
NAME **FRYE, MICHAEL J**  
STREET ADDRESS **7910 Summerlin Lakes Dr.**  
CITY-ST-ZIP **13241 UNIVERSITY DRIVE, SUITE 101 FORT MYERS FL 33907**

## 10. ADDITIONS/CHANGES

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300004037233--3**  
**-04/20/01--01135--021**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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: **Michael J Frys**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**46-01** **941-489-0444**  
Date Daytime Phone #

CP2E083 (11/00)