

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000174

1. Entity Name

CAMBRIDGE SQUARE OF NAPLES, L.C.

Check # 133

00 JAN 18 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2171 PINE RIDGE ROAD, STE D
NAPLES FL 34109

Mailing Address

2171 PINE RIDGE ROAD, STE D
NAPLES FL 34109-2002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3548540

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOORE, MICHAEL G

2171 PINE RIDGE ROAD, STE D
NAPLES FL 34109

Name

Jon D. Parrish

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

2171 Pine Ridge Road

Ste D

City

Naples

FL

Zip Code
34109

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, in ink or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
CAMBRIDGE SQUARE DEVELOPMENT CO.
STREET ADDRESS 2171 PINE RIDGE ROAD, STE D
CITY-ST-ZIP NAPLES FL 34109

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Delete
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TITLE NAME ☐ Change ☐ Delete
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 G. Moore
MICHAEL G. MOORE

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

VP
Cambridge Square
Development Co
1/13/00 (41) 566-
Daytime Phone #