

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000174

1. Entity Name

CAMBRIDGE SQUARE OF NAPLES, L.C.

FILED

01 APR 20 PM 12:04

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3431 Pine Ridge Road

3. Mailing Address

3431 Pine Ridge Road

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Naples FL

City & State

Naples FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

59-3548540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRISH, JON D

2171 PINE RIDGE ROAD, STE D
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

JON D Parrish

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

3431 Pine Ridge Road

Suite 101

City

Naples

FL

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/01

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

9. MANAGING MEMBERS/MEMBERS

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE ~~PARRISH~~ MGR
NAME JON D. Parrish
STREET ADDRESS 3431 Pine Ridge Road #101
CITY-ST-ZIP Naples, FL 34109

☐ Change ☒ Addition

TITLE
NAME Michael Moore - Partner
STREET ADDRESS 3431 Pine Ridge Road #101
CITY-ST-ZIP Naples, FL 34109

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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

Date

Daytime Phone #

CR2E083 (11/00)