

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011378 AF

DOCUMENT # L99000000667

1. Entity Name
REINERT ENTERPRISES, L.L.C.

00 APR 30 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9240 BONITA BEACH ROAD, SUITE 1117
BONITA SPRINTS FL 34135

Mailing Address
9240 BONITA BEACH ROAD, SUITE 1117
BONITA SPRINTS FL 34135-4250



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59 3594290

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WINER, STEVEN I
12800 UNIVERSITY DRIVE, SUITE 600
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. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
REINERT, PATRICK B
9240 BONITA BEACH ROAD, SUITE 1117
BONITA SPRINTS FL 34135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400003258544--6
-05/19/00--01009--020
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
REINERT, KIRT A
9240 BONITA BEACH ROAD, SUITE 1117
BONITA SPRINTS FL 34135

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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

28. Apr. 00
Date

941 947-9355
Daytime Phone #

CR2E083 (9/99)