

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000667

1. Entity Name

REINERT ENTERPRISES, L.L.C.

FILED

01 APR 30 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0021282 AF

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



DO NOT WRITE IN THIS SPACE

RAJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3594290

Applied For

Not Applicable

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

WINER, STEVEN I

12800 UNIVERSITY DRIVE, SUITE 800

FORT MYERS FL 33907

Name

STEVEN I. WINER

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

2320 FIRST ST.

City

FT. MYERS

FL

Zip Code

33901

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 STEVEN I. WINER

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

(NOTE: Registered Agent signature required when reinstating)

23. APR. 2001
DATE

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

900004220969--3
-05/16/01--01118--034
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME REINERT, PATRICK B
STREET ADDRESS 9240 BONITA BEACH ROAD, SUITE 1117
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

TITLE MGR ☐ Delete
NAME REINERT, KIRT A
STREET ADDRESS 9240 BONITA BEACH ROAD, SUITE 1117
CITY-ST-ZIP BONITA SPRINGS FL 34135

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 ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

23. Apr. 2001

Date

941 947 9355

Daytime Phone #

CR2E083 (11/00)