02/08/01 THU 09:54 FAX ☑003

2000 UNIFORM BUSINESS REPORT (UBR)

Reinstatement

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -9 PM 3:33

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000000712

1. Entity Name
WESTERN RESERVE PROPERTIES, L.L.C.

9/29/00

Principal Place of Business	Mailing Address
12030 SUMMERGATE CIRCLE, A101 FORT MYERS FL 33913	12030 SUMMERGATE CIRCLE, A101 FORT MYERS FL 33913

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: 65-0894543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZALLER, STANLEY R
12030 SUMMERGATE CIRCLE, A101
FORT MYERS FL 33913

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 Stanley R. Zaller [signature] 2-8-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZALLER, STANLEY R 12030 SUMMERGATE CIRCLE, A101 FORT MYERS FL 33913	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition np
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOPORC, RONALD E 12030 SUMMERGATE CIRCLE, A101 FORT MYERS FL 33913	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100.00 Rein fee 50 2000 UBR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 50 2001 URR 200.00 Total
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

400003742014--2
-02/20/01--01044--027
****200.00 ****200.00

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: REQUIRED [signature] Stanley R Zaller 2-8-2001 941-561-1983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)