

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000973

1. Entity Name

CABCO OF BONITA SPRINGS, L.L.C.

FILED

01 APR 30 PM 6:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9240 BONITA BEACH ROAD, SUITE 1117  
BONITA SPRINGS FL 34135

Mailing Address

9240 BONITA BEACH ROAD, SUITE 1117  
BONITA SPRINGS FL 34135

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 59-3597941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WINER, STEVEN I

42800 UNIVERSITY DRIVE, SUITE 600  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME REINERT, KIRT A.  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
6000004217326-4  
-05/15/01--01078-008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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]*

SIGNATURE REQUIRED

23. APR. 2001

Date

941 947-9355

Daytime Phone #

CR2E083 (11/00)

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