

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001060

1. Entity Name

EUROCAN, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 21 AM 10:02

Principal Place of Business

23880 MESSINA COURT  
BONITA SPRINGS FL 34134

Mailing Address

23880 MESSINA COURT  
BONITA SPRINGS FL 34134

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

65-0901953

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

OWENS, WILLIAM L  
C/O BOND, SCHOENECK & KING, P.A.  
1167 THIRD STREET SOUTH, SUITE 107  
NAPLES FL 34102

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM HOLLARS, JAMES A  
STREET ADDRESS 23880 MESSINA COURT  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000003380180--4  
CITY-ST-ZIP -09/01/00--01053--012

TITLE NAME ☐ Delete  
MGRM HOLLARS, ELLEN  
STREET ADDRESS 23880 MESSINA COURT  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

August 16, 2000

Date

941-949-0390

Daytime Phone #

CR2E083 (5/00)