

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001193

1. Entity Name

GEORGIE PORGIE OF FORT MYERS, L.L.C.

FILED

01 JAN 16 AM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8510 GRANITE COURT.  
FORT MYERS FL 33908

Mailing Address

8510 GRANITE COURT  
FORT MYERS FL 33908

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

65-0909595 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUNDSCHU, CHARLES C JR.  
8510 GRANITE COURT  
FORT MYERS FL 33908

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

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

TITLE NAME MGRM BUNDSCHU, CHARLES C JR. ☐ Delete  
STREET ADDRESS 8510 GRANITE COURT  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE NAME MGRM BUNDSCHU, AS ESTATE, DONNIE F ☐ Delete  
STREET ADDRESS 8510 GRANITE COURT  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE NAME MGRM VINALEK AS AN ESTATE, GEORGE ☐ Delete  
STREET ADDRESS 8512 WEST 95TH STREET  
CITY-ST-ZIP HICKORY HILLS IL 60457

TITLE NAME MGRM VINALEK AS AN ESTATE, SUSAN ☐ Delete  
STREET ADDRESS 8512 WEST 95TH STREET  
CITY-ST-ZIP HICKORY HILLS IL 60457

TITLE NAME MGRM DUNKIN, ROBERT P ☐ Delete  
STREET ADDRESS 18580 CUTLASS DRIVE  
CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
NAME 800003568418--4  
STREET ADDRESS -01/23/01--01097--004  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)