

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90019 046 \*\*\*\*\*50.00

**DOCUMENT # L99000001193**

1. Entity Name

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

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

Date

Daytime Phone #

CR2E083 (9/01)