

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L99000001212**

1. Entity Name  
**HOSPITALITY LINES SERVICES OF SOUTHWEST FLORIDA,**

**FILED**

**01 AUG 30 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business: **1400 GULF SHORE BOULEVARD NORTH, STE 200  
NAPLES FL 34102**  
Mailing Address: **1400 GULF SHORE BOULEVARD NORTH, STE 200  
NAPLES FL 34102**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **2036 ELGA STREET**  
Suite, Apt. #, etc.  
3. Mailing Address: **4880 SYCAMORE DR**  
Suite, Apt. #, etc.

City & State: **NAPLES, FLORIDA**  
Zip: **34109** Country: **USA**  
City & State: **NAPLES, FLORIDA**  
Zip: **34119** Country: **USA**

4. FEI Number: **65-0483502** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**AYRES, JOHN E JR  
1400 GULF SHORES BOULEVARD NORTH, STE 200  
NAPLES FL 34102**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

**300004573033--7**  
**-09/06/01--01092--001**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR AYRES, JOHN E JR 1400 GULF SHORES BOULEVARD NORTH, STE 200 NAPLES FL 34102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BLANKENSHIP, LARRY S. 4880 SYCAMORE DRIVE NAPLES, FL 34119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Larry S. Blankenship** **8/28/01** **941-352-8031**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)