

2000 UNIFORM BUSINESS REPORT (UBR)

0008607 AF

DOCUMENT # L99000001215

1. Entity Name
ISLAND COAST INFUSION, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:21

Principal Place of Business
304 BROADVIEW DRIVE
FORT MYERS FL 33905

Mailing Address
304 BROADVIEW DRIVE
FORT MYERS FL 33905-3050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4110 CENTER Pointe Drive

4110 CENTER Pointe Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. 217

Suite 217

City & State

City & State

Ft. Myers, FL

Ft. Myers, FL

Zip

Country

Zip

Country

33916

USA

33916

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0911822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

MCEWEN, GEORGE B III
304 BROADVIEW DRIVE
FORT MYERS FL 33905

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

Sup BMCE III President (George B. MCEWEN III) 1-5-2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCEWEN, GEORGE B III
304 BROADVIEW DRIVE
FORT MYERS FL 33905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003183622--2
-03/24/00--01100--002
*****50.00 ☐ Change ☐ Addition

TITLE
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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 OR MANAGER

Date

Daytime Phone #

Sup BMCE III Manager (George B. MCEWEN III) 3-5-2000 911-214-0088

CR2E083 (9/99)