

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001719**

1. Entity Name
SHARES TOGETHER LLC

FILED

00 JAN 24 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2900 GULF SHORE BLVD N
BORDEAUX CLUB #110
NAPLES FL 34103**

Mailing Address
**2900 GULF SHORE BLVD N
BORDEAUX CLUB #110
NAPLES FL 34103-3936**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**SERGEANT, JOANNE
2900 GULF SHORE BLVD N
#110
NAPLES FL 34103**

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 *Joanne M. Sergeant*

(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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **SERGEANT, JOANNE**
STREET ADDRESS **2900 GULF SHORE BLVD N BORDEAUX CLUB #110**
CITY-ST-ZIP **NAPLES FL 34103**

☐ Change ☐ Addition
400003118204--7
-02/01/00--01059--020
*******50.00 *****50.00**
☐ Change ☐ Addition

TITLE ☐ Delete
NAME **SABOURIN, JOANNE**
STREET ADDRESS **2900 GULF SHORE BLVD N BORDEAUX CLUB #110**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Joanne M. Sergeant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-12-2000 434-5384