

2001 UNIFORM BUSINESS REPORT (UBR)

0020536 AF

DOCUMENT # L99000001719

1. Entity Name
SHARES TOGETHER LLC

FILED

01 APR 27 PM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2900 GULFSHORE BLVD N
BORDEAUX CLUB #110
NAPLES FL 34103

Mailing Address
2900 GULFSHORE BLVD N
BORDEAUX CLUB #110
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For
Not Applicable

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 GULFSHORE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SERGEANT, JOANNE
2900 GULFSHORE BLVD N BORDEAUX CLUB #110
NAPLES FL 34103

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SABOURIN, JOANNE
2900 GULFSHORE BLVD N BORDEAUX CLUB #110
NAPLES FL 34103

Change Addition

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

MEMBER
SABOURIN, JOANNE
2900 Gulf Shore Blvd N, Bordeaux Club
Naples, FL 34103

10000427524
-05/21/01--01202--008
*****50.00 *****50.00

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)