

2001 UNIFORM BUSINESS REPORT (UBR)

0020758 AF

DOCUMENT # L99000001778

1. Entity Name
EDGEMONT, L.C.

FILED

01 FEB 28 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5811 PELICAN BAY BLVD., SUITE 208
NAPLES FL 34108

Mailing Address
5811 PELICAN BAY BLVD., SUITE 208
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0903132

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

LAWSON, LINDA A
866 99TH AVENUE NORTH
NAPLES FL 34108

Name LISA BARNETT
Street Address (P.O. Box Number is Not Acceptable)
CHEFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVENUE SOUTH SUITE 201
City NAPLES FL Zip Code 34102

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM MAJESTIC WEST, INC. ☐ Delete
STREET ADDRESS 5811 PELICAN BAY BLVD., SUITE 208
CITY-ST-ZIP NAPLES FL 34108

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

Stephen D. Coleman

2/23/01

941-566-2715

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

Date

Daytime Phone #

CR2E083 (11/00)