

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002275**

1. Entity Name

FLORIDA DEVELOPMENT PARTNERS, L.C.

Principal Place of Business

**C/O JOHN YANOPOULOS
9375 SW 93RD PLACE
MIAMI, FL 33176**

Mailing Address

**C/O JOHN YANOPOULOS
9375 SW 93RD PLACE
MIAMI, FL 33176**

2. Principal Place of Business

5692 STRAND COURT

3. Mailing Address

5692 STRAND COURT

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

65-0956711

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GREGG S. TRUXTON
BOLANOS, TRUXTON + YOUNGS, P.A.
12800 UNIVERSITY DRIVE, SUITE 240
FT. MYERS, FL 33907**

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

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**

**000004036770-8
-04/20/01--01125--002
*****55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR. 1** ☐ Delete
NAME **HARDY, PAUL**
STREET ADDRESS **5645 STRAND BLVD, STE. 3**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MEMBER + MANAGER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5692 STRAND COURT, SUITE 1**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **MEMBER, SEC/TREASURER** ☐ Change ☒ Addition
NAME **RENEE TOLSON**
STREET ADDRESS **5692 STRAND COURT, SUITE 1**
CITY-ST-ZIP **NAPLES, FL 34110**

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

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

TITLE ☐ Change ☐ Addition
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:

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

4-12-01 941-592-7344

Date

Daytime Phone #

CR2E083 (11/00)