

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 12 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002878

1. Entity Name

CAPTIVA PROPERTIES, L.L.C.

Principal Place of Business

101 EAST KENNEDY BOULEVARD, SUITE 2800
TAMPA FL 33602-5151

Mailing Address

101 EAST KENNEDY BOULEVARD, SUITE 2800
TAMPA FL 33602-5150

2. Principal Place of Business

11542 Wightman Lane
Suite, Apt. #, etc.
PO Box # 697

3. Mailing Address

28321 W. River Rd.
Suite, Apt. #, etc.

City & State

Captiva, Florida

City & State

Perrysburg Ohio

Zip

33924

Country

USA

Zip

43551

Country

USA

4. FEI Number

34-1892329

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

LYNCH, PAUL R
SHUMAKER LOOP & KENDRICK, LLP
101 EAST KENNEDY BOULEVARD, SUITE 2800
TAMPA FL 33602-5151

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☒ Delete
NAME KEINZLE, DAVID W
STREET ADDRESS 101 EAST KENNEDY BOULEVARD, SUITE 2800
CITY-ST-ZIP TAMPA FL 33602-5151

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Kienzle, David W.
STREET ADDRESS 28321 W. River Rd.
CITY-ST-ZIP Perrysburg, Ohio 43551

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

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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: David W. Kienzle 3-30-00 419-292-1676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #