

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002980

1. Entity Name

METROVEST, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

6241-B METRO PLANTATION ROAD
FORT MYERS FL 33912

Mailing Address

6241-B METRO PLANTATION ROAD
FORT MYERS FL 33912

2. Principal Place of Business

11000 Metro Parkway

3. Mailing Address

11000 Metro Parkway

Suite, Apt. #, etc.

Suite #29

Suite, Apt. #, etc.

Suite #29

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-0931241

Applied For

Not Applicable

Zip 33912

Country U.S.A.

Zip 33912

Country U.S.A.

5. Certificate of Status Desired

XX

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TUCKER, WILLIAM R

6241-B METRO PLANTATION ROAD
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Tucker, William R

Street Address (P.O. Box Number is Not Acceptable)

11000 Metro Parkway, Suite #29

City

Fort Myers

FL

Zip Code
3

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

William R. Tucker

Sept. 15, 2000

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/MANAGERS

TITLE MGRM
NAME TUCKER, WILLIAM R
STREET ADDRESS 6241-B METRO PLANTATION ROAD
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Tucker, William R. ☒ Change ☐ Addition
STREET ADDRESS 11000 Metro Parkway, Suite #29
CITY-ST-ZIP Fort Myers, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600003409636--6
-09/29/00--01057--003
*****55.00 *****55.00

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

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:

William R. Tucker

Sept. 15, 2000 (941) 275-5325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)