

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000003043

1. Entity Name  
GOLD COAST 2002 INVESTMENTS, LLC

00 MAR 27 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

139 COLONADE CIRCLE  
NAPLES FL 34103

Mailing Address

~~139 COLONADE CIRCLE~~  
~~NAPLES FL 34103-8717~~



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

Zip

Country

Bonita Springs, FL

34133

4. FEI Number

65-0921886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMBURN, JAMES W

~~5117 CASTELLO DRIVE, SUITE 1~~  
~~NAPLES FL 34103~~

7. Name and Address of New Registered Agent

Name

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

28000 SPANISH WELLS BLVD.  
SUITE 200

City

BONITA SPRINGS

FL

Zip Code

34135

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 NAME MGRM ☐ Delete  
~~WETTLAUFER, MANFRED~~  
STREET ADDRESS 139 COLONADE CIRCLE  
CITY-ST-ZIP NAPLES FL 34103

TITLE NAME MGRM ☐ Delete  
~~WETTLAUFER, CHRISTIANA~~  
STREET ADDRESS 139 COLONADE CIRCLE  
CITY-ST-ZIP NAPLES FL 34103

TITLE NAME MGRM ☐ Delete  
~~MAHN, DIERK~~  
STREET ADDRESS 139 COLONADE CIRCLE  
CITY-ST-ZIP NAPLES FL 34103

TITLE NAME MGRM ☐ Delete  
~~MAHN, SILKE~~  
STREET ADDRESS 139 COLONADE CIRCLE  
CITY-ST-ZIP NAPLES FL 34103

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
WETTLAUFER, MANFRED

TITLE NAME ☒ Change ☐ Addition  
WETTLAUFER, CHRISTIANA  
300003203553-4  
-04/11/00--01071--016

TITLE NAME ☒ Change ☐ Addition  
\*\*\*\*\*50.00  
HAHN, DIERK

TITLE NAME ☒ Change ☐ Addition  
HAHN, SILKE

TITLE NAME ☐ Change ☐ Addition  
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

03-09-2000

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

Date

Daytime Phone #

CR2E083 (9/99)