

2001 UNIFORM BUSINESS REPORT (UBR)

0021425 AF

DOCUMENT # L99000003043

1. Entity Name
GOLD COAST 2002 INVESTMENTS, LLC

FILED
01 FEB 28 PM 3:06
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
139 COLONADE CIRCLE
NAPLES FL 34103

Mailing Address
P.O. BOX 279
BONITA SPRINGS FL 34133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0921886

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

AMBURN, JAMES W
5117 CASTELLO DRIVE, SUITE 1
NAPLES FL 34103

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

600003802086--7
-03/08/01--01059--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE MANFRED WETTL 02/15/2001

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

Date

Daytime Phone #

CR2E083 (11/00)