

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003550

1. Entity Name

FANTASY INTERNATIONAL MANAGEMENT, LLC

FILED

00 MAR 21 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0557



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5117 CASTELLO DRIVE, SUITE 1
NAPLES FL

Mailing Address

5117 CASTELLO DRIVE, SUITE 1
NAPLES FL 34133-0279

2. Principal Place of Business

28000 Spanish Wells Blvd

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

Bonita Springs FL

City & State

Bonita Springs, FL

Zip

Country

Zip

34133

Country

4. FEI Number

65-0946207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EURO-AMERICAN FINANCIAL SERVICES, INC.

5117 CASTELLO DRIVE, SUITE 1

NAPLES FL

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
RUHNAU, HERBERT
STREET ADDRESS 5117 CASTELLO DRIVE, SUITE 1
CITY- ST- ZIP NAPLES FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
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CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 28000 Spanish Wells Blvd - Ste 200
CITY- ST- ZIP Bonita Springs, FL 34135

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

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

TITLE NAME ☐ Change ☐ Addition
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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

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

Date

Daytime Phone #

3-700

941-992-3355

CR2E083 (9/99)