

2000 UNIFORM BUSINESS REPORT (UBR)

0017361 AB

DOCUMENT # L99000003746

1. Entity Name
CAPTIVA ISLAND RESERVATIONS, LLC

FILED

00 JAN 12 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O MARY G. THOMAS
4409 STATE HIGHWAY 30
AMSTERDAM NY 12010

Mailing Address
C/O MARY G. THOMAS
4409 STATE HIGHWAY 30
AMSTERDAM NY 12010-6209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2490772

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
THOMAS, MARY G
519 MIDLINE ROAD
AMSTERDAM NY 12010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800003103828--6
-01/20/00--01020--012
*****55.00 *****55.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
THOMAS, GARY P
519 MIDLINE ROAD
AMSTERDAM NY 12010 ☐ Delete

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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:

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

Date

Daytime Phone #

1/7/00 518-843-4099

CR2E083 (9/99)