

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031654 AB

DOCUMENT # **L99000003746**

1. Entity Name

**CAPTIVA ISLAND RESERVATIONS, LLC**

FILED

01 APR -9 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

**55 Sandpiper Ct**

3. Mailing Address

**9225 Dimmick Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Captiva FL**

City & State

**Sanibel FL**

4. FEI Number

**58-2490772**

Applied For

Not Applicable

Zip

Country

**33924 USA**

Zip

Country

**33957 USA**

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

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

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGRM THOMAS, MARY G**  
STREET ADDRESS **519 Midline Road**  
CITY-ST-ZIP **Sanibel FL 33957**

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

TITLE ☐ Delete  
NAME **MGRM THOMAS, GARY P**  
STREET ADDRESS **519 Midline Road**  
CITY-ST-ZIP **Sanibel FL 33957**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)