

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90726 011 \*\*\*\*50.00

**DOCUMENT # L99000004140**

1. Entity Name

**NAPLES PLACE 3, LLC**

Principal Place of Business

12795 MAIDEN CANE LANE  
 C/O HENRY HOLZKAMPER  
 BONITA SPRINGS FL 34135

Mailing Address

12795 MAIDEN CANE LANE  
 C/O HENRY HOLZKAMPER  
 BONITA SPRINGS FL 34135

**B0054590**



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

**59-3586945**

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

**HOLZKAMPER, HENRY**  
**12795 MAIDEN CANE LANE**  
**BONITA SPRINGS FL 34135**

Name

*Same*

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

*12795 Hunters Ridge Drive*

City

*Same*

**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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**KORNYLAK, WILLIAM J**  
**13110 TRAVIS VIEW LOOP**  
**AUSTIN TX 78732**

☐ Delete

TITLE  
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 STREET ADDRESS  
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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 REQUIRED**

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

Date

Daytime Phone #

*3-1-02 941 777 4777*

CR2E083 (9/01)