

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED

FILED

00 MAR 20 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

inf 330



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004425

1. Entity Name
LOT 11, L.L.C.

Principal Place of Business

11485 S. CLEVELAND AVENUE, #1
FORT MYERS FL 33907

Mailing Address

11485 S. CLEVELAND AVENUE, #1
FORT MYERS FL 33907-2843

2. Principal Place of Business

11759 S CLEVELAND AVE

Suite, Apt. #, etc.

SUITE 35

City & State

FORT MYERS, FL

Zip

33907-2874

Country

LEE

3. Mailing Address

11759 S CLEVELAND AVENUE

Suite, Apt. #, etc.

SUITE 35

City & State

FORT MYERS, FL

Zip

33907-2874

Country

LEE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, JAMES C
1705 COLONIAL BOULEVARD, SUITE D-1
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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

TITLE MGR
NAME BERRY, DANIEL
STREET ADDRESS 11485 S. CLEVELAND AVENUE, #1
CITY-ST-ZIP FORT MYERS FL 33907

☐ Delete

TITLE MGR
NAME MARY LOU BERRY
STREET ADDRESS 11485 S. CLEVELAND AVENUE, #1
CITY-ST-ZIP FORT MYERS FL 33907

☐ Delete

TITLE MGR
NAME DEBRA JOHNSON BOE
STREET ADDRESS 11485 S. CLEVELAND AVENUE, #1
CITY-ST-ZIP FORT MYERS FL 33907

☐ Delete

TITLE MGR
NAME JOHNSTON, JAMES C
STREET ADDRESS 1705 COLONIAL BOULEVARD, SUITE D-1
CITY-ST-ZIP FORT MYERS FL 33907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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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 REQUIRED

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

3-15-00

941 936-6677

Date

Daytime Phone #

CR2E083 (9/99)