

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004425

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

Principal Place of Business
11759 S. CLEVELAND AVE., STE. 35
FORT MYERS FL 33907-2874

Mailing Address
11759 S. CLEVELAND AVE., STE. 35
FORT MYERS FL 33907-2874

FILED

'01 APR 27 PM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

APPLIED FOR

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

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

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.

(NOT: 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 MGR ☒ Delete
NAME BERRY, DANIEL
STREET ADDRESS 11485 S. CLEVELAND AVENUE, #1
CITY-ST-ZIP FORT MYERS FL 33907

☐ Change ☐ Addition
200004217182--5
-05/15/01--01075--003
*****50.00 *****50.00

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

TITLE MGR ☒ Change ☐ Addition
NAME MARY LOU BERRY
STREET ADDRESS 11759 S CLEVELAND AVE STE #35
CITY-ST-ZIP FORT MYERS, FL 33907

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

TITLE MGR ☒ Change ☐ Addition
NAME DEBRA JOHNSON BOE
STREET ADDRESS 10831 STRIKE LANE
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Mary Lou Berry* REQUIRED

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

4-13-2001 (941) 936-6677

Date

Daytime Phone #

CR2E083 (11/00)