

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005292

1. Entity Name
TCW III, L.L.C.

Principal Place of Business

10 SEAGATE DRIVE
NAPLES FL 34103

Mailing Address

10 SEAGATE DRIVE
NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3614003 ~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, DAVID N ESQ.

3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

RICHARD TREISER

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

4001 TAMiami TRAIL N

SUITE 330

City

NAPLES

FL

Zip Code

34103

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 NAME STREET ADDRESS CITY-ST-ZIP
MGRM PISTNER, PATRICIA J 10 SEAGATE DRIVE NAPLES FL 34103 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM PISTNER, STEPHEN L 10 SEAGATE DRIVE NAPLES FL 34103 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM BATES, MARK C 533 TURTLE HATCH LANE NAPLES FL 34103 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
600004419256--9
-06/14/01--01019--012
*****50.00 *****50.00

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

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

TITLE NAME 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

PATRICIA PISTNER

4-9-01 941-263-6005

Date

Daytime Phone #

FILED
01 MAY 21 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)