

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000005578

1. Entity Name  
WEST FLORIDA REALTY, L.L.C.

00 MAY -3 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
900 SIXTH AVENUE SOUTH #104  
NAPLES FL 34102

Mailing Address  
900 SIXTH AVENUE SOUTH #104  
NAPLES FL 34102-6745



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
438 Putter Point Ct.  
Suite, Apt. #, etc.  
City & State  
Naples, Florida  
Zip  
34103  
Country  
USA

3. Mailing Address  
5100 Tamiami Tr. N.  
Suite, Apt. #, etc.  
Suite #105  
City & State  
Naples, FL  
Zip  
34103  
Country  
USA

4. FEI Number  
65-0950528  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWIE, RAYMOND J  
900 6TH AVENUE SOUTH #104  
NAPLES FL 34102

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 Mary E. West Mary E. West  
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	<input type="checkbox"/> Delete
	MGRM	WEST, MARY E	438 PUTTER POINT COURT	
			NAPLES FL 34103	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: X Mary E. West Mary E. West  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/00  
Date Daytime Phone #

CR2E083 (9/99)