

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000006505

1. Entity Name
SUMMERLIN GATEWAY, L.L.C.

00 MAR 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12734 KENWOOD LANE, SUITE 35
FT. MYERS FL 33907

Mailing Address
12734 KENWOOD LANE, SUITE 35
FT. MYERS FL 33907-5639



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

414-60-1210

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

CARROLL, JAMES P
12734 KENWOOD LANE
FT. 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

(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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CARROLL, JAMES P
12734 KENWOOD LANE, SUITE 35
FT. MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100003206981--6
-04/13/00--01033--016
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BECK, LOUIS
2300 CORPORATE BLVD., N.W., STE. 232
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
AMAR, JACK
4825 GRIFFIN BOULEVARD
FT. MYERS FL 33908 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Jeffrey R. Garvin
500 Kinzie Island Court
Sanibel, FL 33957 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SLYKE, GLEN VAN JR.
9803 CLEAR LAKE CIRCLE
NAPLES FL 34109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
AYERS, HASKEL
P.O. BOX 1467
LAFOLLETTE TN 37766 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
YEAGGY, HARRY
2300 CORPORATE BLVD., N.W., STE. 232
BOCA RATON FL 33431 ☐ Delete

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:

James P. Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/21/00

Date

941-278-5900

Daytime Phone #

CP2E083 (9/99)