

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006796

1. Entity Name

CARLOS POINT VACATION RENTALS, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 PM 12:00

Principal Place of Business  
C/O RICHARD T. COTTER  
6100 ESTERO BLVD.  
FORT MYERS BEACH FL 33931

Mailing Address  
C/O RICHARD T. COTTER  
6100 ESTERO BLVD.  
FORT MYERS BEACH FL 33931-4347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2507439

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COTTER, RICHARD T  
6100 ESTERO BLVD.  
FORT MYERS BEACH FL 33931

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 MGR  
NAME FERREIRA, STACEY MGRM  
STREET ADDRESS 6100 ESTERO BLVD.  
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003123496-0  
-02/04/00--01004--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME Greta Corazza MGRM  
STREET ADDRESS 6100 Estero Blvd.  
CITY-ST-ZIP Fort Myers Beach, FL 33931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME Dana Reinfried MGRM  
STREET ADDRESS 6100 Estero Blvd.  
CITY-ST-ZIP Fort Myers Beach, FL 33931

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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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:

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

Date

Daytime Phone #

1-14-2000 615-773-771