

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006796**

1. Entity Name
CARLOS POINT VACATION RENTALS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -8 PM 4:54



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
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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

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 _____ (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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM FERREIRA, STACEY 6100 ESTERO BLVD. FORT MYERS BEACH FL 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition	500003675915--2 -02/13/01--01023--018 *****50.00 <input checked="" type="checkbox"/> *****50.00
<input type="checkbox"/> Delete	MGRM CORAZZA, GRETA 6100 ESTERO BLVD. FORT MYERS BEACH FL 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM REINFRIED, DANA 6100 ESTERO BLVD. FORT MYERS BEACH FL 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: *DANA Reinfried* **DANA Reinfried** 2-501 94-463982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)