

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007007

1. Entity Name  
RAMLICO, LLC

FILED

00 JAN 24 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
803 LAKE VISTA CT.  
NAPLES FL 34108

Mailing Address  
803 LAKE VISTA CT.  
NAPLES FL 34108-8235



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

59-3616967

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEUERMAN, PAUL K ESQ.  
C/O ROETZEL & ANDRESS  
850 PARK SHORE DRIVE, THIRD FLOOR  
NAPLES FL 34103

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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  
MGR MOYER, ROBERT A JR. 803 LAKE VISTA CT. NAPLES FL 34108 ☐ 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

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  
700003119457 ☒ Change  
-02/01/00--01123--024  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

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

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: Robert A Moyer ☒ SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-16-2000 941-514-3585