

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007245

1. Entity Name  
INNS BY THE SEA, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

.00 JAN 31 AM 8:13

Principal Place of Business  
6230 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931

Mailing Address  
6230 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931-4419



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 65-098574

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

VOGEL, JAMES D ESQ.  
3936 TAMiami TRAIL NORTH, SUITE B  
NAPLES FL 34103

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

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 MGR  
NAME POHLMANN, HERBERT C  
STREET ADDRESS 6230 ESTERO BOULEVARD  
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR  
NAME Jon W. Lear  
STREET ADDRESS 6230 Estero Blvd  
CITY-ST-ZIP Ft. Myers FL 33931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
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 Jon W. Lear

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

1-10-00

Date

941-463-6131

Daytime Phone #