

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90024 038 \*\*\*\*\*50.00

**DOCUMENT # L99000007270**

1. Entity Name

**RUE AVENUE V, L.L.C.**

Principal Place of Business

**3201 TAMiami TRAIL  
 NAPLES FL 34103**

Mailing Address

**3201 TAMiami TRAIL  
 NAPLES FL 34103**

**936563**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3608822**

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

**ASHBY, CHARLES C  
 12800 UNIVERSITY DRIVE  
 FORT MYERS FL 33907**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
**MGR COLE, DAVID E**  
 STREET ADDRESS **3201 TAMiami TRAIL**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE NAME ☐ Delete  
**MGR ASHBY, CHARLES C**  
 STREET ADDRESS **1313 UNIVERSITY DR.**  
 CITY-ST-ZIP **FT.MYERS FL 33907**

TITLE NAME ☒ Delete  
**MGR WEAVER, CAROL S**  
 STREET ADDRESS **13131 UNIVERSITY DR**  
 CITY-ST-ZIP **FT.MYERS FL 33907**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☒ Change ☐ Addition  
**MGR/MEMBER**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition  
**MGR DEZORT, CAROL S.**  
 STREET ADDRESS **13131 UNIVERSITY DR**  
 CITY-ST-ZIP **FT. MYERS FL 33907**

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

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

TITLE NAME ☐ Change ☐ Addition  
 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/25/02 2394891100x207**