

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007821

1. Entity Name

BLUEWATER OF NAPLES, 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

59-3616968

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

7. Name and Address of New Registered Agent

HEUERMAN, PAUL K ESQ.
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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MOYER, ROBERT A JR
803 LAKE VISTA CT.
NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400003119474 ☐ Change
-02/01/00--01123--025
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐

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CITY - ST - ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-16-2000

Date

941-514-3585

Daytime Phone #