

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000007977**

1. Entity Name  
WIL-CUR, L.L.C.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 PM 12:54

Principal Place of Business      Mailing Address

128 BAYMAR DRIVE      128 BAYMAR DRIVE  
FORT MYERS BEACH FL 33931      FORT MYERS BEACH FL 33931



DO NOT WRITE IN THIS SPACE

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      Applied For

65-0965949      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

    

6. Name and Address of Current Registered Agent

CURRAN, CRAIG B  
128 BAYMAR DRIVE  
FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name: PATRICK J WILLIAMS  
Street Address (P.O. Box Number is Not Acceptable):  
R  
2833 SW 35 LN  
City: CAPE CORAL      FL      Zip Code: 33914

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: PATRICK J WILLIAMS MGR *Patrick J. Williams*      2-18-2000  
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	MGRM CURRAN, CRAIG B 128 BAYMAR DRIVE FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, PATRICK J 2833 S.W. 35TH LANE CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>mf 3/16/00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	300003162073--2 -03/08/00--01046--012 *****55.00      *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: *Patrick J. Williams* MGR      2-18-2000      941-945-1780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (1/9/01)