

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
128 BAYMAR DRIVE
FORT MYERS BEACH FL 33931

Mailing Address
128 BAYMAR DRIVE
FORT MYERS BEACH FL 33931



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

65-0965949

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

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 GEN MGR Patrick J. Williams**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-18-2000

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM CURRAN, CRAIG B
STREET ADDRESS 128 BAYMAR DRIVE
CITY-ST-ZIP FORT MYERS BEACH FL 33931 ☐ Delete

TITLE NAME MGRM WILLIAMS, PATRICK J
STREET ADDRESS 2833 S.W. 35TH LANE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003162073--2
CITY-ST-ZIP -03/08/00--01046--012
*****55.00 *****55.00

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:

Patrick J. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-18-2000

Date

941-945-1780

Daytime Phone #

CR2E083 (1/9/97)