

# 2001 UNIFORM BUSINESS REPORT (UBR)

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SP

DOCUMENT # L99000007977

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

FILED

01 APR 23 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

16125 Old US 41 S  
Suite, Apt. #, etc.

3. Mailing Address

2833 SW 35th N  
Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

CAPE CORAL FL

Zip

33912

Country

Lee

Zip

33914

Country

Lee

4. FEI Number

65-0965949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, PATRICK J  
2833 S.W. 35TH LANE  
CAPE CORAL FL 33914

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 PATRICK J WILLIAMS

Patrick J Williams

04-18-01

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 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004133674-0  
-05/03/01--01068--030  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
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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

04-18-01

945-1780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)