

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90050 030 \*\*\*\*50.00

**DOCUMENT# L99000008037**

1. Entity Name  
**LE BOURDON, L.L.C.**

Principal Place of Business

7935 AIRPORT PULLING RD.  
 SUITE 109  
 NAPLES FL 34109

Mailing Address

7935 AIRPORT PULLING RD.  
 SUITE 109  
 NAPLES FL 34109

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 **65-0963110**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISON, DAVID N  
 3838 TAMiami TRAIL NORTH, SUITE 402  
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name **DAVID M GRUBER CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5150 TAMiami TRAIL N #501**  
 City **NAPLES** FL Zip Code **34103**

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)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete  
 NAME **MGRM KAREN LEE WILLIAMS**  
 STREET ADDRESS **6868 LONE OAK BLVD.**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete  
 NAME **MGRM HOWARD MELVIN WILLIAMS, III**  
 STREET ADDRESS **6868 LONE OAK BLVD.**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☒ Delete  
 NAME **MGRM BETTY SUTTLE BATES**  
 STREET ADDRESS **1230 SHADY REST LANE, UNIT 101**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☒ Delete  
 NAME **MGRM WILLIAM BUFORD BATES**  
 STREET ADDRESS **1230 SHADY REST LANE, UNIT 101**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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 REQUIRED**

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

Date

Daytime Phone #

**4/30/02 596-3336**

CR2E083 (9/01)