

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008040

1. Entity Name

POGGENPOHL NAPLES, L.C.

Principal Place of Business

Mailing Address

801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108

801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108

2. Principal Place of Business

3200 Tamiami Trail N.

± Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

Zip
34103

Country

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

Zip
34103

Country

4. FEI Number

59-3613298

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J ESQUIRE
C/O WOODWARD, PIRES & LOMBARDO, P.A.
801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3200 Tamiami Trail North, Suite 200

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 September 26, 2001

60000448816--6
-07/23/01--01008--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RICHARDS, MONTY
694 LAMBTON LANE
NAPLES FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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:

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

7/6/01

941-263-4699

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE