## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2002 8:00 am <sup>§</sup> Secretary of State DOCUMENT # L9900008040 1. Entity Name 02-19-2002 90063 038 \*\*\*\*55.00 POGGENPOHL NAPLES, L.C. Mailing Address Principal Place of Business 3200 TAMIAMI TRAIL N., STE, 200 3200 TAMIAMI TRAIL N., STE, 200 NAPLES FL 34103 NAPLES FL 34103 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3613298 Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODWARD, MARK J ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL N., STE. 200 NAPLES FL 34103 Zip Code City FL 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS ☐ Addition **X** Change **MGRM** TITLE MGRM Delete TITLE RICHARDS, MONTY NAME Monty Richa NAME 365 Fifth Avenue South, Suite 101 STREET ADDRESS STREET ADDRESS **694 LAMBTON LANE** CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE . Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS

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 employered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

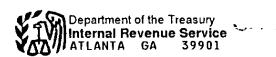
SIGNATURE:

CITY-ST-ZIP

OR AUTHORIZED REPRESENTATIVE

941-263-4699

**FILED** 



Date of this notice: MAR. 20 2900 7 Taxpayer Identifying Number Tax Period: Ta

For assistance you may call us at:

1-800-829-1040

Kathlan Hishillan kahilah Banan manan and

POGGENPOHL NAPLES L C 801 LAUREL OAK DR STE 710 NAPLES FL 34108-2707855 Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

## **EIN ASSIGNED IN ERROR**

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:

59-3613298

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS THAT SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING YOUR DEPOSIT WITH THE FINANCIAL INSTITUTION DESIGNATED TO PROCESS YOUR ELECTRONIC FUNDS TRANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR CODPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Overlay 5 Form 8489 (Rev.8-91

Keep this part for your records

Return this part to us with your check or inquiry

Your telephone number

Best time to call

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INTERNAL REVENUE SERVICE ATLANTA GA 39901

POGGENPOHL NAPLES L C 801 LAUREL OAK DR STE 710 NAPLES FL 34108-2707855