

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90063 038 \*\*\*\*55.00

**DOCUMENT # L99000008040**

1. Entity Name

**POGGENPOHL NAPLES, L.C.**

Principal Place of Business

**3200 TAMIAMI TRAIL N., STE. 200  
NAPLES FL 34103**

Mailing Address

**3200 TAMIAMI TRAIL N., STE. 200  
NAPLES FL 34103**

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

**59-3613286 4212**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, MARK J ESQUIRE  
3200 TAMIAMI TRAIL N., STE. 200  
NAPLES FL 34103**

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

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Monty Richards  
365 Fifth Avenue South, Suite 101  
Naples FL 34102** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ 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:

**NOTARIZED REQUIRED**

**2-8-02**

**941-263-4699**

CR2E083 (9/01)



**Date of this notice:**

Taxpayer Identifying Number

Form: 2363

MAR

59-3614212

Tax Period:

For assistance you may  
call us at:

**1-800-829-1040**

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.

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

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 COOPERATION.

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

**Keep this part for your records**

**Overlay 5 Form 8489 (Rev.8-91)**

**Return this part to us with your check or inquiry**

**Your telephone number**

### Best time to call

593614212 HT 00 000000

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INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

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