

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90014 029 *****55.00

DOCUMENT # L99000008067

1. Entity Name

WINDELS MARX LANE & MITTENDORF, LLC.

Principal Place of Business

**3461 BONITA BAY BOULEVARD, SUITE 105
BONITA SPRINGS FL 34134**

Mailing Address

**3461 BONITA BAY BOULEVARD, SUITE 105
BONITA SPRINGS FL 34134**

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

59-3609741

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**DUEMLER, R. L
3461 BONITA BAY BOULEVARD, SUITE 105
BONITA SPRINGS FL 34134****7. Name and Address of New Registered Agent**

Name

DAVID L. COOK

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

3461 BONITA BAY BLVD., SUITE 105

City

BONITA SPRINGS**FL**

Zip Code

34134

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

David L. Cook

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/20/02

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	COOK, DAVID L	
STREET ADDRESS	3461 BONITA BAY BOULEVARD, SUITE 105	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DUEMLER, R. LEIGH	
STREET ADDRESS	3461 BONITA BAY BOULEVARD, SUITE 105	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	NOLAN, EDWARD P	
STREET ADDRESS	156 WEST 56TH ST.	
CITY-ST-ZIP	NEW YORK NY 10019	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

R. Leigh Duemler **R. LEIGH DUEMLER, MGR** **2/20/02** **941-947-7400**

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

Date

Daytime Phone #

CR2ED83 (9/01)