

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008237**

1. Entity Name

CATAMOUNT LOT 8, LLC

Principal Place of Business

**350 KINGSTOWN DRIVE
NAPLES FL 34102**

Mailing Address

**350 KINGSTOWN DRIVE
NAPLES FL 34102**

2. Principal Place of Business

401 BAYFRONT PLACE

Suite, Apt. #, etc.

UNIT #3506

City & State

NAPLES, FL

3. Mailing Address

401 BAYFRONT PLACE

Suite, Apt. #, etc.

UNIT #3506

City & State

NAPLES, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

6. Name and Address of Current Registered Agent

PRICE, MARK J ESQ.

ROETZEL & ANDRESS

850 PARK SHORE DRIVE, THIRD FLOOR

NAPLES FL 34103

4. FEI Number

65-0964465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

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**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **O'MEARA, WILLIAM J JR**
STREET ADDRESS **30846 TANOA ROAD**
CITY-ST-ZIP **EVERGREEN CO 80439**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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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
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

WILLIAM J. O'MEARA, JR., MANAGER (941) 659-5975

Date

Daytime Phone #

CR2E083 (11/00)

0020264 AF

FILED

01 APR 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

