

2060 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000008281

1. Entity Name
VIP-D'ALESSANDRO, L.L.C.

00 MAY 26 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13131 UNIVERSITY DRIVE
FORT MYERS FL 33907

Mailing Address
13131 UNIVERSITY DRIVE
FORT MYERS FL 33907-5716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0853613

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WINER, STEVEN I
12800 UNIVERSITY DRIVE, SUITE 600
FORT MYERS FL 33907

Name Charles C. Ashby

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

13131 University Dr.

City

Ft. Myers

FL

Zip Code

33907

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 Charles C. Ashby

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS VIP COMMERCIAL, INC.
CITY-ST-ZIP 13131 UNIVERSITY DRIVE
FORT MYERS FL 33907 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
10000329681070
-06/15/00-01078-017
*****50.00 *****50.00

TITLE NAME MGR
STREET ADDRESS FRANK D'ALESSANDRO, INC.
CITY-ST-ZIP 13131 UNIVERSITY DRIVE
FORT MYERS FL 33907 ☒ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME PST D MGR
STREET ADDRESS Charles C. Ashby
CITY-ST-ZIP 13131 University Dr.
Ft Myers FL 33907 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME VP, MGR
STREET ADDRESS Carol S. Weaver
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
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:

Carol S. Weaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

4/26/00 9414891100x207
Daytime Phone #

CR2E083 (9/93)