

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008546

1. Entity Name

BACK BAY MARINA OF SOUTHWEST FLORIDA, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -5 AM 11:02

Principal Place of Business

Mailing Address

8953 TERRENE CT.  
BONITA SPRINGS FL 34135

8953 TERRENE CT.  
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

4751 Bonita Beach Rd

4751 Bonita Beach Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bonita Springs

Bonita Sp FL

City & State

City & State

FL

FL

Zip

Country

34134

Collier

Zip

Country

34134

Collier

4. FEI Number

59-3613162

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SCHIAFONE, SALVATORE A  
8953 TERRENE CT.  
BONITA SPRINGS FL 34135

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ANDREA MARKOWITZ - MGRM  
231 BAY FRONT DRIVE  
BONITA SPRINGS FL 34134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 OR MANAGER

Date

Daytime Phone #

9/15/00 941-992-2608

CR2E083 (5/00)