

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 24 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L99000008561

## DOCUMENT #

1. Entity Name  
PINEBROOKE LAKES DEVELOPMENT, LLC

Principal Place of Business Mailing Address

8889 Pelican Bay Blvd.  
Suite 400  
Naples, FL 34108

2. Principal Place of Business 3. Mailing Address

8889 Pelican Bay Blvd.

Suite, Apt. #, etc.

Suite 400

City & State

Naples, FL

Zip

34108

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3626214

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

Stephen R. Foster  
711 Ketch Drive  
Naples, FL 34103

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 Managing Member ☐ Delete  
NAME Michael Pilgrim  
STREET ADDRESS 831 Sailaway Ln #201  
CITY-ST-ZIP Naples, FL 34108

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Managing Member ☐ Delete  
NAME Stephen Foster  
STREET ADDRESS 711 Ketch Drive  
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Managing Member

Michael J. Pilgrim

2/24/00 941-594-6998

Daytime Phone #

CR2E083 (11/99)