

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90193 013 ****50.00

DOCUMENT # L99000008739

1. Entity Name

GATES MCVEY CAPITAL GROUP, L.L.C.

Principal Place of Business

**5405 PARK CENTRAL COURT
 NAPLES FL 34109**

Mailing Address

**5405 PARK CENTRAL COURT
 NAPLES FL 34109**

954989

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3612718**

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

**PARRISH, JON D
 3838 TAMiami TRAIL NORTH, SUITE 402
 NAPLES FL 34109**

Name

James F. Caudill

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

2640 Golden Gate Pkwy #115

City

Naples

FL

Zip Code
34105

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

James F. Caudill

4-23-02

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **ROBINSON, STEVE**
 STREET ADDRESS **2003 DUKE DRIVE**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **Stephen V. Robison**
 STREET ADDRESS **2003 Duke Drive**
 CITY-ST-ZIP **Naples, FL 34110**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **Todd E. Gates**
 STREET ADDRESS **5405 Park Central Court**
 CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **James L. McVey**
 STREET ADDRESS **5405 Park Central Court**
 CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
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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:

MANAGING MEMBER REQUIRED

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

Stephen V. Robison, managing member

422-02

Date

239-593-3777

Daytime Phone #

CR2E083 (9/01)