

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008741

1. Entity Name
GATES MCVEY REALTY, L.L.C.

FILED

01 APR 30 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O STEVE ROBINSON
5405 PARK CENTRAL COURT
NAPLES FL 34109

Mailing Address
C/O STEVE ROBINSON
5405 PARK CENTRAL COURT
NAPLES FL 34109



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0967059

Applied For
Not Applicable

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
2171 PINE RIDGE ROAD, SUITE D
NAPLES FL 34109

Name

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

3838 Tamiami Trail North

Suite 402

City Naples

FL

Zip Code 34109

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 *David N. Monister*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01
DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM
STREET ADDRESS GATES MCVEY CAPITAL GROUP, L.L.C.
CITY-ST-ZIP 5405 PARK CENTRAL COURT
NAPLES FL 34109 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200004221512-7
CITY-ST-ZIP -05/17/01--01012--021
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *David N. Monister*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01
Date

941-593-3777
Daytime Phone #

0020958 AF

CR2E083 (11/00)