

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008839

1. Entity Name

LA SERENA DEVELOPMENT GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 AM 11:02

Principal Place of Business

2614 TAMiami TRAIL N.
NAPLES FL 34103

Mailing Address

2614 TAMiami TRAIL N.
NAPLES FL 34103



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

☒ 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

PRICE, R. SCOTT
2640 GOLDEN GATE PARKWAY
STE 115
NAPLES FL 34105

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Reddick Development Group, Inc. ☐ Delete MGRM
STREET ADDRESS PMB 512
CITY-STATE-ZIP 2614 North Tamiami Trail
Naples, FL 34103-4409

TITLE NAME Edward Cherney, Trustee ☐ Delete MGRM
STREET ADDRESS 3660 Greenwood
CITY-STATE-ZIP Birmingham MI 48009

TITLE NAME Manager: William R. Reddick Jr. ☐ Delete MGRM
STREET ADDRESS PMB 512
CITY-STATE-ZIP 2614 North Tamiami Trail
Naples, FL 34103-4409

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003428547--1
CITY-STATE-ZIP -10/18/00--01047--010
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-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:

William R. Reddick Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/20/00

Date

941-430-2708

Daytime Phone #

CR2E083 (5/00)