

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008840**

1. Entity Name

LANTANA DEVELOPMENT GROUP, LLC

Principal Place of Business

**2614 TAMiami TRAIL N.
NAPLES FL 34103**

Mailing Address

**2614 TAMiami TRAIL N.
NAPLES FL 34103**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

**Naples
FL 34103**

US

Zip

Country

4. FEI Number

59-361876

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PRICE, R. SCOTT

**2640 GOLDEN GATE PKWY, STE 115
NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name

Duce R. Scott

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

821 Fifth Ave S.

City

Naples

FL

Zip

34102

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 NAME ☐ Delete
**MGRM
REDDICK DEVELOPMENT GROUP, INC.
PMB 512 - 2614 NORTH TAMiami TRAIL
NAPLES FL 34103-4409**

TITLE NAME ☐ Delete
**MGRM
CHENNEY, EDWARD
366 GREENWOOD
BIRMINGHAM MI 48009**

TITLE NAME ☐ Delete
**MGRM
REDDICK, WILLIAM R
2614 TAMiami TRAIL N.
NAPLES FL 34103**

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
7000004274007
-05/21/01--01172--006
*******50.00 *****50.00**

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

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

TITLE NAME ☐ Change ☐ Addition
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

W. R. Reddick

4/30/01

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

Date

Daytime Phone #

FILED

01 MAY -1 PM 5:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)