

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008885

1. Entity Name
HERON'S NEST, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 28 PM 1:25

mf

Principal Place of Business

387 CAPRI BLVD.
NAPLES FL 34113

Mailing Address

387 CAPRI BLVD.
NAPLES FL 34113

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

65-0974904

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

THORPE, PETER L
387 CAPRI BLVD.
NAPLES FL 34113

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 PETER THORPE MGRM ☐ Delete
NAME
STREET ADDRESS 387 CAPRI BLVD
CITY-ST-ZIP NAPLES FLORIDA 34113

TITLE MGRM ☐ Change ☐ Addition
NAME ANNE THORPE
STREET ADDRESS 387 CAPRI BLVD
CITY-ST-ZIP NAPLES FL 34113

TITLE MGRM ☐ Delete
NAME JAMES MCKEON
STREET ADDRESS 387 CAPRI BLVD
CITY-ST-ZIP NAPLES FL 34113

TITLE MGR ☐ Change ☐ Addition
NAME JOHN WICKETT
STREET ADDRESS 387 CAPRI BLVD
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500003350165-6
STREET ADDRESS -08/08/00--01104-013
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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.

CR2E083 (5/00)

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

13th July 2000