

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 30 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4110*

DOCUMENT # **L99000008960**

1. Entity Name  
**C&J FUHRI, L.C.**

Principal Place of Business Mailing Address

2. Principal Place of Business **24576 AMARILLO ST** Suite, Apt. #, etc.

3. Mailing Address **SAME** Suite, Apt. #, etc.

City & State **BONITA SPRINGS, FL** City & State

Zip **34135** Country **LEE** Zip Country

4. FEI Number **59-3615381** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ANN T. FRANK**  
**2124 AIRPORT-PULLING ROAD SO.**  
**SUITE #102**  
**NAPLES, FL 34112**

7. Name and Address of New Registered Agent

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/MEMBERS

TITLE NAME **CARL W. FUHRI**  Delete  
STREET ADDRESS **24576 AMARILLO ST**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE NAME **JANET R. FUHRI**   Delete  
STREET ADDRESS **24576 AMARILLO ST**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE NAME  Delete

TITLE NAME  Delete

TITLE NAME  Delete

10. ADDITIONS/CHANGES

TITLE NAME  Change  Addition  
STREET ADDRESS **300003206943-4**  
CITY-ST-ZIP **-04/13/00-01033-011**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**  
 Change  Addition

TITLE NAME  Change  Addition

TITLE NAME  Change  Addition

TITLE NAME  Change  Addition

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: *Carl W. Fuhri* **3/29/00**

CR2E083 (11/99)