

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900009106

1. Entity Name

LAPLAYA, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:21

Principal Place of Business

Mailing Address

2. Principal Place of Business

9891 Gulf Shore Drive

3. Mailing Address

2600 Golden Gate Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0006601

Applied For

Not Applicable

Zip

34108

Country

Collier

Zip

34105

Country

Collier

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

Name

Paul J. Marinelli

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

2600 Golden Gate Parkway

City

Naples,

FL

Zip Code

34105

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

*Paul J. Marinelli*  
Signature, typed or printed name of registered agent and title if applicable

Paul J. Marinelli

(NOTE: Registered Agent signature required when reinstating)

4/28/2000

DATE

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

BLT

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~MANAGING~~ Member - **MG RM** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
The Halstatt Partnership  
2600 Golden Gate Parkway  
Naples, Florida 34105

TITLE ~~MANAGING~~ Member - **MG RM** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Westgroup, LLC  
570 Kirkland Way  
Kirkland, WA 98033

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003300394-4  
-06/22/00--01012--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE ☐ Change ☐ Addition  
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.

SIGNATURE

*Juliet C. Sproul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Juliet C. Sproul

5/1/00

Date

(941)262-2600

Daytime Phone #

CR2E083 (11/99)