

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -7 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009127

1. Entity Name

SUNWEST HOMES II, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5051 Castello Dr, Ste 224

3. Mailing Address

P.O. Box 110175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Naples, FL

City & State

Naples, FL

City & State

Zip

34103

Country

USA

Zip

34108

Country

USA

4. FEI Number

59-8618118

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

7. Name and Address of New Registered Agent

~~LINDA A. LAWSON, ATTORNEY~~
866 99TH AVE. N., Ste #1
Naples, FL 34108

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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MANAGING MEMBER - MGRM
STREET ADDRESS ARTHUR SCHEINHOLZ
CITY-ST-ZIP 5051 CASTELLO DRIVE, Ste 224
Naples, FL 34103

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

TITLE ☐ Delete
NAME JOHN W. PAYNE
STREET ADDRESS 5855 CHARLTON WAY
CITY-ST-ZIP Naples, FL 34119

TITLE ☐ Change ☐ Addition
NAME 000003296838-2
STREET ADDRESS -06/20/00--01041--010
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME RAMSAIL LLC
STREET ADDRESS 803 LAKE VISTA CT.
CITY-ST-ZIP Naples, FL 34108

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Arthur Scheinholz ARTHUR SCHEINHOLZ 4-25-00 941-566-8158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #