

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009274**

1. Entity Name

**GULFWINDS INCOME VENTURES, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10: 02

Principal Place of Business

5869 SEA GRASS LANE  
NAPLES FL

Mailing Address

5869 SEA GRASS LANE  
NAPLES FL

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

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

STEINBERG, DALE H  
5869 SEA GRASS LANE  
NAPLES FL

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 ☐ Delete  
NAME **MGR**  
STREET ADDRESS **STEINBERG, DALE H**  
CITY-ST-ZIP **5869 SEA GRASS LANE**  
**NAPLES FL**

☐ Change ☐ Addition  
**500003391175--6**  
**-09/13/00--01040--011**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

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

9-8-00

Date

941-352-9939

Daytime Phone #

CR2E083 (5/00)