

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009385

1. Entity Name

95 INVESTMENT PARTNERS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -2 AM 9:39

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

3936 N. Tamiami Tr

3936 N. Tamiami Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

B

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0640887

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

M. E. Schumacher
3936 N. Tamiami Tr # B
NAPLES FL 34103

Name

NONE

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

M. E. Schumacher

(NOTE: Registered Agent signature required when reinstating)

2/28/00

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING PARTNER
K. E. Schumacher
3936 N. Tamiami Tr # B
NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900003174869--3
-03/17/00--01093--022
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
mf 3/15/00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

K. E. Schumacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/28/00

DATE

941-434-9687

Daytime Phone #

CR2E083 (1/1/99)