

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009396

1. Entity Name

N501EK, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 AM 9:02

Principal Place of Business

Mailing Address

2. Principal Place of Business

24301 Walden Center Drive

3. Mailing Address

24301 Walden Center Drive

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

59-3615351

Applied For

Not Applicable

Zip

34134

Country

USA

Zip

34134

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

Name

~~Vivien N. Hastings~~

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

24301 Walden Center Drive

Suite 300

City

Bonita Springs,

FL

Zip Code
34134

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

Vivien Hastings
Signature, typed or printed name of registered agent and title if applicable.

Vivien N. Hastings

2/29/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

900003356409-8
-08/15/00--01037--023
*****50.00 *****50.00

9.

MANAGING MEMBERS / MEMBERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☒ Addition

Alfred Hoffman, Jr.

24301 Walden Center Drive, Suite 300

Bonita Springs, FL:34134

MLRM

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☒ Addition

Don E. Ackerman

Chandelle Ventures, Inc.

24301 Walden Center Drive

Bonita Springs, FL 34134

MLRM

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☒ Addition

John C. Kagan

11854 Regional Lane

Fort Myers, FL 33913

MLRM

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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:

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

2/29/00

Date

Daytime Phone #

CR2E083 (1/99)