

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001029

1. Entity Name

QUAIL WOODS ESTATES DEVELOPMENT INVESTMENT, L.L.

FILED

01 JUN 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11983 TAMiami TRAIL NORTH, SUITE 156
NAPLES FL 34110

Mailing Address

11983 TAMiami TRAIL NORTH, SUITE 156
NAPLES FL 34110

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 59-3629292

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

GUTTENPLAN, ELLIOT P
11983 TAMiami TRAIL, NORTH, SUITE 156
NAPLES FL 34110

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

000004463110--9
-07/06/01--01113--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING PARTNER
ELLIOT GUTTENPLAN
4500 COURT WAY
NAPLES, FLA. 34109

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PARTNER
STEVEN GOLD
2008 WINCHESTER RD
LYNDHURST RD 44124

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

TITLE
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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: *Elliot P. Guttenplan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/30/01

941-592-0007

Date

Daytime Phone #

CR2E083 (11/00)