

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90181 046 ****50.00

DOCUMENT # M00000001029

1. Entity Name

QUAIL WOODS ESTATES DEVELOPMENT INVESTMENT, L.L.C.

Principal Place of Business

Mailing Address

11983 TAMiami TRAIL NORTH, SUITE 156
NAPLES FL 34110

11983 TAMiami TRAIL NORTH, SUITE 156
NAPLES FL 34110

931402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4500 COURT WAY

Suite, Apt. #, etc.

3. Mailing Address

4500 COURT WAY

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34109

Country

Collier

City & State

NAPLES, FLORIDA

Zip

34109

Country

Collier

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

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

7. Name and Address of New Registered Agent

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

ELLIOT GUTTENPLAN MGR.

(NOTE: Registered Agent signature required when reinstating)

2/8/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GUTTENPLAN, ELLIOT
STREET ADDRESS 4500 COURT WAY
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE PRN
NAME GOLO, STEVEN
STREET ADDRESS 2008 WINCHESTER RD.
CITY-ST-ZIP LYNDHURST OH 44124 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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: ELLIOT GUTTENPLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/8/02

Date

941-592-0002

Daytime Phone #

CR2E083 (9/01)