

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90006 022 \*\*\*\*50.00

**DOCUMENT # M01000000795**

1. Entity Name

**MITCHELL FAMILY PROPERTIES-NAPLES, LLC**

Principal Place of Business

601 BRIDLE PATH CT.  
 BLOOMFIELD HILLS MI 48304

Mailing Address

601 BRIDLE PATH CT.  
 BLOOMFIELD HILLS MI 48304

- 23832

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **38-3535978**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**INGLIS, JOHN S  
 SHUMAKER, LOOP & KENDRICK, LLP  
 101 E. KENNEDY BLVD., STE. 2800  
 TAMPA FL 33602**

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**MEMBER**  
**PAUL R. MITCHELL**  
 STREET ADDRESS: 601 BRIDLE PATH CT.  
 CITY-ST-ZIP: Bloomfield Hills, MI 48304

**MEMBER**  
**MARIANNA MITCHELL**  
 STREET ADDRESS: 601 BRIDLE PATH CT.  
 CITY-ST-ZIP: Bloomfield Hills, MI 48304

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 CITY-ST-ZIP: \_\_\_\_\_

10. ADDITIONS/CHANGES

TITLE: \_\_\_\_\_  
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 STREET ADDRESS: \_\_\_\_\_  
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 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: *Paul R. Mitchell*

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

*2/18/2002 (313) 3220773*

Date

Daytime Phone #

CR2E089 (9/01)