

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000713

1. Entity Name

WELSH DEVELOPMENT COMPANY S.E., LLC

Principal Place of Business

8200 NORMANDALE BLVD., SUITE 200
MINNEAPOLIS MN 55437

Mailing Address

8200 NORMANDALE BLVD., SUITE 200
MINNEAPOLIS MN 55437-1070

2. Principal Place of Business

2400 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

#101

City & State

NAPLES, FLORIDA

Zip

34103

Country

USA

3. Mailing Address

2400 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

#101

City & State

NAPLES, FLORIDA

Zip

34103

Country

USA

4. FEI Number

41-1884820

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR DOYLE, DENNIS J ☐ Delete
STREET ADDRESS 8200 NORMANDALE BLVD., SUITE 200
CITY-ST-ZIP MINNEAPOLIS MN 55437

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME PTR VUKOBRATOVICH, GEORGE ☐ Change ☒ Addition
STREET ADDRESS 4660 5TH AVENUE S.W.
CITY-ST-ZIP NAPLES, FLORIDA 34119

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

GEORGE VUKOBRATOVICH

5/1/00

(941) 261-4744

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

Date

Daytime Phone #

0015348 AF

CR2E083 (9/99)