

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000467

1. Entity Name  
TWSOME FLEX ASSOCIATES, L.L.C.

FILED

01 APR 23 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3521 BONITA BAY BLVD.  
BONITA SPRINGS FL 34134

Mailing Address  
3521 BONITA BAY BLVD.  
BONITA SPRINGS FL 34134



2. Principal Place of Business

27300 RIVERVIEW CTR BLVD 27300 RIVERVIEW CTR BLVD.

3. Mailing Address

27300 RIVERVIEW CTR BLVD.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. FEI Number

22-3451455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRICE, R. SCOTT ESQ.

2640 GOLDEN GATE PARKWAY, SUITE 115

NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

R. SCOTT PRICE, ESQ.

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

821 FIFTH AVE. SO, SUITE 201

City

NAPLES

FL

Zip Code

34102

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 MGRM  
NAME MCGARVEY, JOHN S  
STREET ADDRESS 3521 BONITA BAY BLVD.  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME JOHN S. MCGARVEY ☒ Change ☐ Addition  
STREET ADDRESS 27300 RIVERVIEW CTR. BLVD.  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ 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:

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

Date

Daytime Phone #

4-17-01

941-992-8940

CR2E083 (11/00)