

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000588

1. Entity Name

CAPTIVA ISLAND VACATION PROPERTIES, LLC

FILED

01 JAN 31 AM 10:08

Principal Place of Business

3111 FERN VALLEY ROAD, SUITE 212  
LOUISVILLE KY 40213

Mailing Address

3111 FERN VALLEY ROAD, SUITE 212  
LOUISVILLE KY 40213

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3111 Fern Valley Road

3. Mailing Address

3111 Fern Valley Road

Suite, Apt. #, etc.

Suite 212

Suite, Apt. #, etc.

Suite 212

City & State

Louisville, KY 40213

City & State

Louisville, KY 40213

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip  
40213

Country  
USA

Zip  
40213

Country  
USA

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

ESSEN, BRUCE M ESQ.  
2532 EAST FIRST STREET  
FORT MYERS FL 33901

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

10. ADDITIONS / CHANGES

TITLE MGR  
NAME PRELL, FRANK  
STREET ADDRESS 3111 FERN VALLEY ROAD, SUITE 212  
CITY-ST-ZIP LOUISVILLE KY 40213

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

800003657038-2  
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☐ 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:

*Frank Prell*

1-26-2001 (941) 472-2300

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

Date

Daytime Phone #

CR2E083 (11/00)