

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000651

1. Entity Name

SI VENTURE ASSOCIATES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 AM 11:02

Principal Place of Business

12600 GATEWAY BLVD  
FORT MYERS FL 33913

Mailing Address

12600 GATEWAY BLVD  
FORT MYERS FL 33913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1505364

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 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/MANAGERS

TITLE: MANAGING DIRECTOR ☐ Delete  
NAME: HALLIGAN, JOHN F  
STREET ADDRESS: 12600 GATEWAY BLVD  
CITY-ST-ZIP: FORT MYERS FL 33913

TITLE: MANAGING DIRECTOR ☐ Delete  
NAME: FERNANDEZ, MANNY  
STREET ADDRESS: 12600 GATEWAY BLVD  
CITY-ST-ZIP: F. MYERS FL 33913

TITLE: MANAGING DIRECTOR ☐ Delete  
NAME: N. ADAM-REN  
STREET ADDRESS: 50-THP GALLANT RD.  
CITY-ST-ZIP: STAMFORD CT 06104

TITLE: PRINCIPAL ☐ Delete  
NAME: BRIAN C. BEACH  
STREET ADDRESS: 12600 GATEWAY BLVD  
CITY-ST-ZIP: F. MYERS FL 33913

TITLE: CONTROLLER ☒ Delete  
NAME: MINETTE L. LACROIX  
STREET ADDRESS: 12600 GATEWAY BLVD  
CITY-ST-ZIP: F. MYERS FL 33913

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

## 10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☒ Addition  
NAME:   
STREET ADDRESS: 700003428167-8  
CITY-ST-ZIP: -10/18/00-01017-022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE: ☐ Change ☐ Addition  
NAME:   
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: MANNY FERNANDEZ

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

Date

Daytime Phone #

9/25/00

CR2E083 (5/00)