

** Amended **
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000876

1. Entity Name

RENAISSANCE GROUP OF FT. MYERS, LLC

Principal Place of Business

3403 WINKLER AVENUE
 FT. MYERS FL 33916

Mailing Address

3403 WINKLER AVENUE
 FT. MYERS FL 33916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

APPROVED
 AND
 FILED

02 JUN -7 AM 11:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3580462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FAGA, ANTONIO ESQUIRE
 375 12TH AVENUE, S.
 NAPLES FL 34102

7. Name and Address of New Registered Agent

Name John Lusk

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

245 Stonewall Court

City Naples

FL

Zip Code

34119

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

300005754023--6

-06/11/02--01098--002

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ONEIDA, INC. ☐ Delete
 STREET ADDRESS 375 12TH AVENUE
 CITY-ST-ZIP NAPLES FL 34102

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

TITLE NAME MGRM STEVENS, MICHAEL ☐ Delete
 STREET ADDRESS 3403 WINKLER AVENUE
 CITY-ST-ZIP FT. MYERS FL 33916

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/02

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CR2E083 (11/00)