

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # Z00193

1. Entity Name
SOUTHWEST PARTNERS, L.C.

00 MAR 30 PM 12: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

480 HENLEY DR.
NAPLES FL 33942

Mailing Address

480 HENLEY DR.
NAPLES FL 34104-8390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0180827

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HURLEY, JOHN R
5051 CASTELLO DRIVE
SUITE 202
NAPLES FL 33940

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
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
BENNETT, SCOTT B
480 HENLEY DR.
NAPLES FL 33940 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
YANNALFO, STEVE
175 HAVEN ROAD
FRANKLIN LAKES, NJ 07417 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
WOODLAND, ANNA E
3140 KINGS LAKE BLVD
NAPLES FL 33962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
RONAN, FAITH
24 R MAIN ST
ROCK PORT, MA 01966 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
DONLAN, DAVID
31 COLLINS AVE
CLOSTER NJ 07624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
BENNETT, SCOTT B.
480 HENLEY DR
NAPLES FL 34104 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
BARROW, CHARLES
153 BUTTERNUT LANE
SOUTH PORT CT 06490 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100003205151-7
-04/12/00--01012--018
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
YANNALFO, STEVE
10 JENNIFER PLACE
GLEN ROCK NJ 07452 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
VOLINO, KATHERYN
82 FERNDAL AVE
GLEN ROCK NJ 07452 ☐ Delete

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: *Scott B Bennett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/14/00

Date

941-352-2741

Daytime Phone #

CR2E083 (9/99)