

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000011598**

FILED

01 MAR 28 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

**1117 SW 48TH TERRACE, LLC**

Principal Place of Business

Mailing Address

**1117 SW 48 TERR  
CAPE CORAL FL**

**2126 SW 52 LN  
CAPE CORAL FL  
33914**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

7. Name and Address of New Registered Agent

**RONALD S URKOWICZ  
2323 WOOSTER LN  
SANIBEL FL 33957**

Name **ROSINA-SPIZZIRRI**

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

**2126 SW 52ND LN**

City **CAPE CORAL**

**FL**

Zip Code **33914**

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

*Rosina Spizzirri*

**ROSINA-SPIZZIRRI**

**3/23/01**

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 **MANAGING MEMBER**  Delete  
NAME **DAVID A OWENS**  
STREET ADDRESS **PO Box 190**  
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **MANAGING MEMBER**  Change  Addition  
NAME **ROSINA SPIZZIRRI**  
STREET ADDRESS **2126 SW 52 LN**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **MARIO SPIZZIRRI**  
STREET ADDRESS **2126 SW 52 LN**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100003985471--5**  
**-04/10/01--01086--022**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\*\*\*\*\*50.00**  Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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:

*Rosina Spizzirri*

**ROSINA-SPIZZIRRI**

**3/23/01**

**941-945-0421**

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

Date

Daytime Phone #

CR2F083 (1/1/99)