

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000028

1. Entity Name

THE BOY'S MOOSE LIMITED COMPANY

FILED

01 FEB -8 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2340 PERIWINKLE WAY  
SUITE I-2  
SANIBEL ISLAND FL 33957

Mailing Address

2340 PERIWINKLE WAY  
SUITE I-2  
SANIBEL ISLAND FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0731444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RATLIFF, ROBERT LEE III  
2340 PERIWINKLE WAY  
SUITE I-2  
SANIBEL ISLAND FL 33957

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/MEMBERS

TITLE MGR  
NAME BERG, MICHAEL  
STREET ADDRESS 2340 PERIWINKLE WAY, SUITE I-2  
CITY-ST-ZIP SANIBEL ISLAND FL 33957 ☐ Delete

TITLE MGR  
NAME REINSDORF, STEFAN  
STREET ADDRESS 2340 PERIWINKLE WAY, SUITE I-2  
CITY-ST-ZIP SANIBEL ISLAND FL 33957 ☐ Delete

TITLE MBR  
NAME RATLIFF, ROBERT L III  
STREET ADDRESS 2340 PERIWINKLE WAY, SUITE I-2  
CITY-ST-ZIP SANIBEL ISLAND FL 33957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900003675839--0  
-02/13/01--01021--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

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

Robert Lee Ratliff III

Date

Daytime Phone #

CR2E083 (11/00)