

# 2002 UNIFORM BUSINESS REPORT-(UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90588 049 \*\*\*\*50.00

DOCUMENT # **L98000003212**

1. Entity Name

**PONTE VEDRA WATER SPORTS, L.L.C.**

Principal Place of Business

**880 U.S. HIGHWAY A1A  
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**880 U.S. HIGHWAY A1A  
 PONTE VEDRA BEACH FL 32082**

**39473**



DO NOT WRITE IN THIS SPACE

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

**59-3549058**

Applied For

Not Applicable

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

**NAINES, BRIAN A  
 880 U.S. HIGHWAY A1A  
 PONTE VEDRA BEACH FL 32082**

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

*Brian A Naines*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGR**  
 NAME: **NAINES, BRIAN A**  
 STREET ADDRESS: **4257 COQUINA DRIVE**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32250**  
 Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  Addition

TITLE: \_\_\_\_\_  
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 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 REQUIRED

*Brian A Naines*

**7/20/02** **904**  
**2851676**

CR2E083 (9/01)

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

Date

Daytime Phone #