

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M96000000080**

1. Entity Name  
**LIGHTSHIP TANKERS IV LLC**

Principal Place of Business  
**2200 ELLER DRIVE, BUILDING 27  
PORT EVERGLADES STATION  
FT. LAUDERDALE FL 33316**

Mailing Address  
~~2200 ELLER DRIVE, BUILDING 27  
PORT EVERGLADES STATION  
FT. LAUDERDALE FL 33316~~



2. Principal Place of Business

3. Mailing Address  
**2200 ELLER DR. - LEGAL DEPT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**P.O. BOX 13038**

*MNM*

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number  
**65-0643548**

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

**C/O HVIDE MARINE, INC.  
2200 ELLER DRIVE, BUILDING 27  
FORT LAUDERDALE FL 33316**

Name  
**Walton S. Kinsey, Jr.**  
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 *Walton S. Kinsey, Jr.*

**Walton S. Kinsey, Jr.**

**4/18/00**

Signature, typed or printed name of registered agent and date of application

(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  Delete  
NAME **MGR**  
HVIDE, J. ERIK  
STREET ADDRESS **2200 ELLER DRIVE, BUILDING 27**  
CITY-ST-ZIP **PT EVERGLADES STA., FT. LAUDFL 33316**

TITLE  Change  Addition  
NAME **MGR**  
Fitzgerald, Jean  
STREET ADDRESS **2200 Eller Drive, Bldg. 27**  
CITY-ST-ZIP **Pt Everglades Sta, Ft Laud FL 33316**

TITLE  Delete  
NAME **MGR**  
BLANKELY, JOHN H  
STREET ADDRESS **2200 ELLER DRIVE, BUILDING 27**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE  Change  Addition  
NAME **MGR**  
Zorkers, Walter F.  
STREET ADDRESS **2200 Eller Drive, Bldg. 27**  
CITY-ST-ZIP **Pt Everglades Sta, Ft Laud FL 33316**

TITLE  Delete  
NAME **MGR**  
SWEENEY, EUGENE F  
STREET ADDRESS **2200 ELLER DRIVE, BUILDING 27**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE  Change  Addition  
NAME **100003243061--2**  
STREET ADDRESS **-05/08/00--01117--019**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME **MGR**  
LAMM, ROBERT B  
STREET ADDRESS **2200 ELLER DRIVE, BUILDING 27**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE  Change  Addition  
NAME **MGR**  
Kinsey, Walton S., Jr.  
STREET ADDRESS **2200 Eller Drive, Bldg. 27**  
CITY-ST-ZIP **Pt Everglades Sta, Ft Laud FL 33316**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **MGR**  
Boyle, Kevin S.  
STREET ADDRESS **2200 Eller Drive, Bldg. 27**  
CITY-ST-ZIP **Pt Everglades Sta, Ft Laud FL 33316**

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: *Walton S. Kinsey, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
**WALTON S. KINSEY, JR.**

**4/18/00**  
Date

**(954)  
524-4200  
x 800**  
Daytime Phone #

CR2E083 (9/99)