

2001 UNIFORM BUSINESS REPORT (UBR)

0028886 AF

DOCUMENT # L99000003653

1. Entity Name

ARM'S REACH WHITE SAILS, LLC

FILED

01 JAN 29 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

SUITE 600, THE KRYSTAL BUILDING
ONE UNION SQUARE
CHATTANOOGA TN 37402

Mailing Address

SUITE 600, THE KRYSTAL BUILDING
ONE UNION SQUARE
CHATTANOOGA TN 37402

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

62-1792533

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

ROBINSON, BRIT
C/O OLD PORT COVE MARINA
112 LAKE SHORE DRIVE
NORTH PALM BEACH FL 33408

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 MGR
NAME CUZZORT, PAMELA K
STREET ADDRESS SUITE 600, THE KRYSTAL BLDG., ONE UNION SQ
CITY-ST-ZIP CHATTANOOGA TN 37402

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

Pamela K. Cuzzort

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

Date

Daytime Phone #

1-10-01

(423) 756 1202

CR2E083 (11/00)