

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 471843

1. Entity Name

LONGBOAT ESTATE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90075 035 ***150.00

Principal Place of Business

Mailing Address

~~13876 SW 56TH ST~~
~~STE 256~~
~~MIAMI FL 33175~~
US

~~13876 SW 56TH ST~~
~~STE 256~~
~~MIAMI FL 33175-0021~~
US

2. Principal Place of Business

2363 SKYVIEW DRIVE

3. Mailing Address

2363 SKYVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MARYVILLE, TENNESSEE

City & State

MARYVILLE, TENNESSEE

4. FEI Number

59-1589400

Applied For

Not Applicable

Zip

37803

Country

Zip

37803

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, ARTHUR R
13876 SW 56TH STREET
STE 256
MIAMI FL 33183

Name

JEFFREY A. BERNSTEIN

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

100 NORTH BISCAYNE BLVD.

SUITE 1707 - NEW WORLD TOWER

City

MIAMI

FL

Zip Code

33132

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCOTT, A R	
STREET ADDRESS	13876 SW 56TH ST, STE 256	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ERICKSON, G C	
STREET ADDRESS	13876 SW 56TH ST, STE 256	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIR. PRES. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ARTHUR R.	
STREET ADDRESS	2363 SKYVIEW DRIVE	
CITY-ST-ZIP	MARYVILLE, TENNESSEE 37803	
TITLE	DIR. VP SECY.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, GRACE C.	
STREET ADDRESS	2363 SKYVIEW DRIVE	
CITY-ST-ZIP	MARYVILLE, TENNESSEE 37803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other legal empowered.

SIGNATURE:

ARTHUR R. SCOTT

4-21-00

865-380-5077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)