

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 471843

1. Entity Name
LONGBOAT ESTATE, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90124 031 ***150.00

Principal Place of Business

Mailing Address

~~2363 SKYVIEW DRIVE~~
~~MARYVILLE TN 37803~~
US

1019 JAMES MEADOW ROAD
KNOXVILLE TN 37923

A0020021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1019 JAMES MEADOW ROAD

1019 JAMES MEADOW ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KNOXVILLE TN

City & State

KNOXVILLE TN

4. FEI Number 59-1589400

Applied For

Not Applicable

Zip

37932

Country

USA

Zip

37932

Country

USA

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

BERNSTEIN, JEFFREY A
100 NORTH BISCAYNE BLVD.
SUITE 1707 - NEW WORLD TOWER
MIAMI FL 33132

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

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, 2001 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 DPT
NAME SCOTT, ARTHUR R
STREET ADDRESS 2363 SKYVIEW DRIVE
CITY-ST-ZIP MARYVILLE TN 37803 ☐ Delete

TITLE DPT
NAME SCOTT, ARTHUR R
STREET ADDRESS 1019 JAMES MEADOW ROAD
CITY-ST-ZIP KNOXVILLE, TN 37932 ☒ Change ☐ Addition

TITLE DVS
NAME ERICKSON, GRACE C
STREET ADDRESS 2363 SKYVIEW DRIVE
CITY-ST-ZIP MARYVILLE TN 37803 ☐ Delete

TITLE DVS
NAME ERICKSON, G.C.
STREET ADDRESS 1019 JAMES MEADOW ROAD
CITY-ST-ZIP KNOXVILLE TN 37932 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 like empowered.

SIGNATURE:

Arthur R. Scott
ARTHUR R. SCOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

865-675-7331

Daytime Phone #

CR2E034 (10/00)