

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001386**

1. Entity Name

**BOATLOG, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 3:52

Principal Place of Business  
C/O DNM MANAGEMENT COMPANY  
4 SAWGRASS VILLAGE  
PONTE VEDRA BEACH FL 32082

Mailing Address  
C/O DNM MANAGEMENT COMPANY  
4 SAWGRASS VILLAGE  
PONTE VEDRA BEACH FL 32082-5013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	59-3455555	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State				
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLEMAN, C. RANDOLPH 9250 BAYMEADOWS ROAD, SUITE 230 JACKSONVILLE FL 32256		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE 168

9. Capital Contributions as Shown on record.	\$10,890.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000055270	STREET ADDRESS	
NAME	DNM MANAGEMENT COMPANY, INC.	CITY - ST - ZIP	
STREET ADDRESS	4 SAWGRASS VILLAGE		
CITY - ST - ZIP	PONTE VEDRA BEACH FL 3		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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\*\*\*\*165.75 \*\*\*\*165.75

14. 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 General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Donald P. Manahan **SIGNATURE REQUIRED** 26 APRIL 2000 904 821 5675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #