

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005345

1. Entity Name

GULFWIND MARINE BROKERAGE, LLC

Principal Place of Business

Mailing Address

1485 S. TAMiami TRAIL
VENICE FL 34285

1485 S. TAMiami TRAIL
VENICE FL 34285

2. Principal Place of Business

1601 KEN THOMPSON PKWY

3. Mailing Address

1601 KEN THOMPSON PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34236

Country

US

Zip

34236

Country

US

4. FEI Number

65-1005952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGESON, JAMES O JR.
1515 RINGLING BLVD., SUITE 1000
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTSHALL, LAU F 1485 S. TAMiami TRAIL VENICE FL 34285	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARWELL, ANDERSON K 1485 S. TAMiami TRAIL VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYNCH, W. TERRY 1485 S. TAMiami TRAIL VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, PETER 1485 S. TAMiami TRAIL VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	400004509624--1 -07/31/01--01060--003 *****50.00 *****50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1601 KEN THOMPSON PKWY SARASOTA FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1601 KEN THOMPSON PKWY SARASOTA FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1601 KEN THOMPSON PKWY SARASOTA FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MARCIA SAVAGE 1601 KEN THOMPSON PKWY SARASOTA FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARCIA SAVAGE **SIGNATURE REQUIRED** MARCIA SAVAGE, MANAGER 7/23/01 941-388-4411

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE



DO NOT WRITE IN THIS SPACE

FILED
01 JUL 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA