

2001 UNIFORM BUSINESS REPORT (UBR)

0004334 AF

DOCUMENT # L00000005965

1. Entity Name
SHALIMAR YACHT HARBOUR, LLC

FILED

01 MAY 23 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 OLD FERRY ROAD, BOX 189
SHALIMAR FL 32579

Mailing Address
100 OLD FERRY ROAD, BOX 189
SHALIMAR FL 32579



2. Principal Place of Business

3. Mailing Address
PO Box 798

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
SHALIMAR, FLORIDA

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip
32579

Country
USA

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

MAXON, ROBERT P JR.
100 OLD FERRY ROAD
SHALIMAR FL 32579

Name
MAXON, ROBERT P. JR

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

13 MEIGS DRIVE

PO Box 798

City

SHALIMAR

FL

Zip Code

32579

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)

4/24/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004424045--0
-06/18/01--01033--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MEMBER - SHALIMAR MARINA, L.P.
MANAGER - SHALIMAR MARINA, INC.
100 OLD FERRY ROAD
SHALIMAR, FL 32579

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01 850-657-0570
Date Daytime Phone #

CP2E083 (11/00)