

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009557

1. Entity Name

FLYING DUTCHMAN MARINE SALES OF PALM HARBOR, LLC

Principal Place of Business

2119 ALT. 19  
PALM HARBOR FL 34683

Mailing Address

2119 ALT. 19  
PALM HARBOR FL 34683

2. Principal Place of Business

6400 GARLAND CT.

3. Mailing Address

PO Box 843

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip

34652

Country

USA

Zip

34656-0843

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NASH, THOMAS C II

625 COURT STREET, SUITE 200  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name Robert de Vries

Street Address (P.O. Box Number is Not Acceptable)  
6400 GARLAND CT.

City NEW Port Richey

FL

Zip Code

34652

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

04.19.2001

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

000004161950--3  
-05/08/01--01058--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE President/Sec  
NAME Robert de Vries  
STREET ADDRESS 6400 GARLAND CT.  
CITY-ST-ZIP NEW Port Richey

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE President/Sec  
NAME Robert de Vries  
STREET ADDRESS 6400 GARLAND CT.  
CITY-ST-ZIP NEW Port Richey, FL 34652

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
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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 REQUIRED

04.19.2001

727.842.8420

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

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 APR 24 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)