

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010528

1. Entity Name

SANDY COVE MARINE SALES, LLC

Principal Place of Business

Mailing Address

74540 OVERSEAS HIGHWAY  
ISLAMORADA FL 33036

74540 OVERSEAS HIGHWAY  
ISLAMORADA FL 33036

2. Principal Place of Business

3. Mailing Address

74540 Overseas Hwy

PO BOX 1916

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Islamorada FL

Islamorada FL

Zip

Country

Zip

Country

33036

33036

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUPINO, JAMES S  
90130 OLD HIGHWAY  
TAVERNIER FL 33070

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RMD CAPITAL, LLC  
950 THIRD AVENUE  
NEW YORK NY 10022

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MYERS, MICHAEL  
318 PALM AVENUE  
ISLAMORADA FL 33036

☐ Delete

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

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☐ 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:

*Michael A. Myers*  
MICHAEL A. MYERS

7-11-01 305-664-4142

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

Date

Daytime Phone #

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE