

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013035

1. Entity Name

SEA ISLAND PLANTATION, L.L.C.

Principal Place of Business

3003 CARDINAL DR., STE. D
VERO BEACH FL 32963

Mailing Address

3003 CARDINAL DR., STE. D
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

4050 Westmark Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Dubuque, IA

4. FEI Number

36-4400641

Applied For

Not Applicable

Zip

Country

Zip

Country

52002

US

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

MARINE, CHRISTOPHER H
979 BEACHLAND BLVD.
VERO BEACH FL 32963

Name

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

600003631846--1

-02/02/01--01132--028

City

*****50.00L *****50.00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
C/ CEO
Mark C. Falb
4050 Westmark Drive
Dubuque, IA 52002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
P / S
David C. Bauer
4050 Westmark Drive
Dubuque, IA 52002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
V.
Steve Owen
3003 Cardinal Drive, Suite D
Vero Beach, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
T
Ron Cavanagh
4050 Westmark Drive
Dubuque, IA 52002

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
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

1/15/01

Date

319-589-1203

Daytime Phone #

CR2E083 (11/00)