

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013226

1. Entity Name

CAPITAL CITY DIVE CHARTERS L.L.C.

FILED

01 OCT -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5624 CYPRESS CIRCLE
TALLAHASSEE FL 32303

Mailing Address

5624 CYPRESS CIRCLE
TALLAHASSEE FL 32303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5624 CYPRESS CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

5624 CYPRESS CIRCLE
Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL 32303

City & State

TALLAHASSEE FL.

Zip

Country

32303

USA

Zip

Country

32303

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

MILLER, KEVIN N
5624 CYPRESS CIRCLE
TALLAHASSEE FL 32303

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

3000004628763--4

-10/09/01--01044--024

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME Kevin N. Miller
STREET ADDRESS 5624 CYPRESS CIRCLE
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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 SECURED

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

Date

Daytime Phone #

9-10-01

(850)

562-3468

CR2E083 (5/01)