

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90372 006 ****50.00

DOCUMENT # L01000006356

1. Entity Name
 PORT ROYAL YACHTS, LLC

Principal Place of Business

195 SAN MATEO DRIVE
 BAREFOOT BEACH FL 34134

Mailing Address

195 SAN MATEO DRIVE
 BAREFOOT BEACH FL 34134

2. Principal Place of Business

1100 6TH AVE S

Suite, Apt. #, etc.

202

City & State

NAPLES F

Zip

34102

Country

USA

3. Mailing Address

1100 6TH AVE S

Suite, Apt. #, etc.

202

City & State

NAPLES FL

Zip

34102

Country

USA

4. FEI Number

59-3710655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SIESKY, JAMES H
 1000 TAMiami TRAIL NORTH, SUITE 201
 NAPLES FL 34102

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MANAGING MEMBER
 RUELIGER BRUNGSBERG
 195 MATEO DRIVE
 BAREFOOT BEACH FL 34134

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 BROKERAGE MANAGER
 RICHARD FURTADO
 PO BOX 11667 (1666 OSPREY AVE #207)
 NAPLES, FL 34101

☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

1. 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

Date

Daytime Phone #

2/23/2

941-269-7970

941-4859192

CR2E083 (9/01)