

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0019716

DOCUMENT # L01000006763

1. Entity Name
REJOYCE YACHT COMPANY, LLC

03-13-2002 90017 021 ****50.00

Principal Place of Business

**350 KING'S TOWN DRIVE
 NAPLES FL 34102**

Mailing Address

**350 KING'S TOWN DRIVE
 NAPLES FL 34102**

2. Principal Place of Business

401 Bayfront Place

**Suite, Apt. #, etc.
 Unit #3506**

**City & State
 Naples, FL 34102**

**Zip Country
 34102 USA**

3. Mailing Address

401 Bayfront Place

**Suite, Apt. #, etc.
 Unit #3506**

**City & State
 Naples, FL 34102**

**Zip Country
 34102 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3720184

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAFT, STUART J ESQ.
 321 ROYAL POINCIANA PLAZA
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name **STUART J. HAFT, ESQ**
Street Address (P.O. Box Number is Not Acceptable) **Alley Maass Rogers & Lindsay**
321 Royal Poinciana Plaza
City **Palm Beach** **FL** **Zip Code** **33480**

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]

STUART J. HAFT

REGISTERED AGENT 2/21/02

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 **MGRM** ☐ Delete
NAME **O'MEARA, WILLIAM J TRUSTEE**
STREET ADDRESS **350 KING'S TOWN DRIVE**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **MGRM** ☐ Delete
NAME **O'MEARA, JOYCE A TRUSTEE**
STREET ADDRESS **350 KING'S TOWN DRIVE**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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]

3-1-02

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

Date

Daytime Phone #

CR2E083 (9/01)