

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005443

1. Entity Name

EAGLE SAILING YACHTS, LLC



Principal Place of Business

29 SAILFISH ROAD  
VERO BEACH FL 32960

Mailing Address

29 SAILFISH ROAD  
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-2286272

Applied For

Not Applicable

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

DEMATTIA, VICTOR A  
29 SAILFISH ROAD  
VERO BEACH FL 32960

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Mgkrm  
Demattia, Victor  
29 Sailfish Road

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Vero Beach FL  
32960

☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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CITY- ST- ZIP  
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☐ Delete

TITLE  
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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]* REQUIRED

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

Date

Daytime Phone #

08-05-2003 90026013 \*\*\*\*\*50.00

08-18-2003 90110 040 \*\*\*\*\*5.00

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8/5

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 22 PM 12:51

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☐ CHECK HERE IF MAKING CHANGES

CR2ED83 (4/03)