

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0010651

DOCUMENT # L02000009507

1. Entity Name  
REGATTA CONSTRUCTION, LLC



FILED

03 SEP 29 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address  
80 ROYAL PALM POINTE, STE. 302 80 ROYAL PALM POINTE, STE. 302  
VERO BEACH FL 32960 VERO BEACH FL 32960

2. Principal Place of Business 3. Mailing Address  
2345 14th AVE. PO Box 2587  
Suite, Apt. #, etc. Suite Apt. #, etc.  
Suite #6  
City & State Vero Beach FL City & State Vero Beach FL  
Zip 32960 Country USA Zip 32961 Country USA

4. FEJ Number 01-0674333 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
CAMPIONE, DAVID M  
600 JENNINGS AVE.  
EUSTIS FL 32728

7. Name and Address of New Registered Agent  
Name Dennis J Witherow  
Street Address (P.O. Box Number is Not Acceptable) 2345 14th Ave #6  
Vero Beach  
City FL Zip Code 32960

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 9/24/03

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Managing Partner Dennis J Witherow 2345 14th Ave. #6 Vero Beach FL 32960  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
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10. ADDITIONS/CHANGES  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
200023404852  
09/29/03--01098--001 \*\*50.00  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
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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 9/24/03 772 264-9220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)