

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90616 037 ****50.00

DOCUMENT # **102000022164**

1. Entity Name

American Schooner Title, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7198 Beneva Road

3. Mailing Address

7198 Beneva Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number 01-0744228

Applied For

Not Applicable

Zip
34238

Country
USA

Zip
34238

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Michael M. Hudlow

Street Address (P.O. Box Number is Not Acceptable)

7430 Featherstone Boulevard

City Sarasota

FL

Zip Code
34238

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

Michael M. Hudlow

DATE

3/21/2003

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Michael M. Hudlow, MGRM
7430 Featherstone Boulevard
Sarasota, FL 34238

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Michael J. Borso, MGRM
2573 Somerset Road
Whitehall, PA 18052

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Thomas W. Hudlow, MGRM
115 Ramsgate Drive
Phoenixville, PA 19460

TITLE
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IN THIS SPACE**

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

Michael M. Hudlow

Date

Daytime Phone #

3/21/2003

941-921-1441

CR2E083B (12/02)