

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90307 027 ****55.00

DOCUMENT # L02000032159

1. Entity Name

SEBASTIAN RIVERBOAT TOURS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1542 N INDIAN RIVER DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEBASTIAN FL

City & State

4. FEI Number

02-0655686

Applied For

Not Applicable

Zip

32958

Country

USA INDIAN RIVER

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH SETH Z

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

C/O KURBAN, WAINWATER & TETZELI, PA

2650 S.W. 27th AVE, STE 200

City

Miami

FL

Zip Code

33133

**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 title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

PRES.

NAME

BEVERLEY WARD

STREET ADDRESS

9455 E MAIDEN CT.

CITY-ST-ZIP

VERO BEACH FL 32903

TITLE

OFFICER

NAME

JACK Eromin

STREET ADDRESS

5950 CROSS CREEK CR

CITY-ST-ZIP

Sebastian FL 32958

TITLE

OFFICER

NAME

CHRIS Pinson

STREET ADDRESS

476 Arbor Street

CITY-ST-ZIP

Sebastian FL 32958

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

4-19-03

Date

772-587-1115

Daytime Phone #

CR2E083B (12/02)