

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

2/14/2003-90066-024-\$50.00-\$50.00

DOCUMENT # L02000032810

1. Entity Name

CLUB SAILAWAY, LLC



**FILED**

03 MAR -5 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

225 COVE LANE

Suite, Apt. #, etc.

3. Mailing Address

225 COVE LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

81-0589693

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34102

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

B.P. DECKO, JR.

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

523 W. GOODHARD DAIVE

City

GOODHARD

FL

Zip Code

34140

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JOAN ALEXANDRA ENGELSTED  
225 COVE LANE  
NAPLES, FL 34102 MEMBER

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
MARLENA BRACKEBUSCH  
860 12th Ave. S.  
NAPLES, FL 34107

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

M. THOMAS

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 of 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

Date

Daytime Phone #

CR2E083B (12/02)