

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # **L96000000409**

1. Entity Name  
**RBA BOATS, L.C.**

00 APR 27 AM 9: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business C/O JOHN J. RAYMOND, JR. 1200 N FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432	Mailing Address C/O JOHN J. RAYMOND, JR. 1200 N FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432-2847
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2. Principal Place of Business <b>281 Marina Dr.</b> Suite, Apt. #, etc.	3. Mailing Address <b>281 Marina Dr.</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Fort Pierce FL</b>	City & State <b>Fort Pierce FL</b>
Zip <b>34949</b>	Zip <b>34949</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number **65-0671240**

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

**RAYMOND, JOHN J JR**  
**RAYMOND & RAYMOND, P.A.**  
**1200 N FEDERAL HIGHWAY SUITE 411**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name: **Barbara Allen**

Street Address (P.O. Box Number is Not Acceptable): **281 Marina Dr.**

City: **Fort Pierce** FL Zip Code: **34949**

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.

SIGNATURE: **Barbara S. Allen** (Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE: **4-23-2000**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>ALLEN, BARBARA S</b>	
STREET ADDRESS <b>1200 N FEDERAL HWY SUITE 411</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>000003249550--9</b>
CITY-ST-ZIP	<b>-05/11/00--01125--023</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>*****50.00</b>
CITY-ST-ZIP	<b>50.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Barbara S. Allen** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER)

DATE: **4-23-2000**

DAYTIME PHONE #: **561-468-8318**

CR2E083 (9/99)