## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **L9800000839**

Entity Name

BOATCLUBSAMERICA, L.L.C.



FILED May 22, 2003 8:00 am Secretary of State

05-22-2003 90038 025 \*\*\*\*55.00

	<u> </u>				ļ					
Principal Place of Business Mailing Address										
1431 RAILHEAD BLVD. #2 NAPLES FL 34110		1431 RAILHEAD BLVD.: #2 NAPLES FL 34110		) (400) i	il ded løder (dilk eder) er	8	L <b>88</b> 1 <b>8</b> 1 ( <b>8</b> 1 <b>88</b> 1)			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Numb	per <b>59-35183</b>	376		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificat	e of Status Desired		5.00 Add	litional	
	6. Name and Address of Current	Registered Agent	-		7. Name an	d Address of New	Registered A	gent	· <u>"</u>	
				Name						
VOGEL, JAMES D C/O VOGEL, DAVIS & VOGEL, P.A.			Street	Address (I	(P.O. Box Number is Not Acceptable)					
	TAMIAMI TRAIL NORTH, SUITE LES FL 34103	В								
	•		City				FL	Zip Cod	е	
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										
					1					
	e*	DW!!! FEE IS	•	4 04 - 4 -						
	•	Make Check Payabl		-	nt of State					
			e By May 1, 20	U3 						
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITION	S/CHANGES		<u></u>	
TITLE	MGR	☐ Delete	TITLE					Change	☐ Addition	
NAME	RUFF, EDWARD J		NAME STREET ADDRESS							
CITY-ST-ZIP	STREET ADDRESS 1431 RAILHEAD BLVD., #2			'						
	NAPLES FL 34110 MGR	Пъ	CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME	RUFF, PATRICK	☐ Delete	TITLE NAME	,	0	TILH EAL	000	- Lange	L Addition	
STREET ADDRESS	1330 RAILHEAD, SUITE 3		STREET ADDRESS	14	131 KM	PILHEAL	DIVE	, - 2	~	
CITY-ST-ZIP	NAPLES FL 34110		CITY-ST-ZIP	' '	_					
aTITLE	MGR	Delete -	TITLE		_			☐ Change	☐ Addition	
NAME	SHEPARD, GREGORY		NAME							
STREET ADDRESS	625 STANWIX STREET		STREET ADDRESS	:						
CITY-ST-ZIP	PITTSBURGH PA 15222		CITY-ST-ZIP							
TITLE		Delete	TITLE					Change	☐ Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP	•						
		F1	-					Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS		•	STREET ADDRESS	.						
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME		L Detete	NAME							
STREET ADDRESS	•		STREET ADDRESS	;						
CITY-ST-ZIP			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)(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 SIGN

NING MANAGER MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-15-0

239-572-4760

Daytime Phone #

72E083 (10/02)