

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016651 AF

DOCUMENT # L98000002969

1. Entity Name
GULF SEA ADVENTURES, L.C.

00 MAY -1 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1590 OAKBROOK DRIVE, SUITE 100
NORCROSS GA 30093

Mailing Address

1590 OAKBROOK DRIVE, SUITE 100
NORCROSS GA 30093-2245



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2432216

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME JOHNSTON, STEVE C
STREET ADDRESS 1590 OAKBROOK DRIVE, SUITE 100
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME JOHNOTON, RONNIE
STREET ADDRESS 1590 OAKBROOK DRIVE, SUITE 100
CITY-ST-ZIP NORCROSS GA 30093

TITLE MGR ☒ Change ☐ Addition
NAME Johnston, Ronnie L
STREET ADDRESS 1590 Oakbrook Drive, Suite 100
CITY-ST-ZIP Norcross, GA 30093

TITLE MGR ☐ Delete
NAME ANDERSON, KYLE E
STREET ADDRESS 1590 OAKBROOK DRIVE, SUITE 100
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 of Kyle E. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/26/00

770-449-0936

CR2E083 (9/99)