

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002075

1. Entity Name

FLORIDA CHARTER BOAT HOLDINGS, L.C.

FILED

01 APR 23 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4347-10 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

Mailing Address
4347-10 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

2. Principal Place of Business
1 Sleiman Parkway
Suite, Apt. #, etc.
Suite 270

3. Mailing Address
1 Sleiman Parkway
Suite, Apt. #, etc.
Suite 270

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number 59-3568457

Applied For
Not Applicable

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

Zip 32216 Country U.S.A.

Zip 32216 Country U.S.A.

6. Name and Address of Current Registered Agent

SLEIMAN, ELI T JR
4347-10 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
Sleiman, Eli T., Jr.
Street Address (P.O. Box Number is Not Acceptable)
1 SLEIMAN PARKWAY SUITE 270
City JACKSONVILLE FL Zip Code 32216

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

000004137910--8
-05/07/01--01019--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ELI T JR 4347-10 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SLEIMAN, ELI T JR

4/15/01

904/731-8804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)