

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002648

1. Entity Name

YACHT CHARDONNAY, LLC

FILED

00 JAN 27 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7208 SAND LAKE ROAD, SUITE 302
ORLANDO FL 32819

Mailing Address

7208 SAND LAKE ROAD, SUITE 302
ORLANDO FL 32819-5279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9154 Great Heron Cir
Suite, Apt. #, etc.

3. Mailing Address

9154 Great Heron Cir
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3581840

Applied For

Not Applicable

Zip

32836

Country

USA

Zip

32836

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMULLEN, EDWIN H SR
7208 SAND LAKE ROAD
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

9154 Great Heron Cir

City

Orlando

FL

32836

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

Edwin H. McMillen Sr.

(NOTE: Registered Agent signature required when reinstating)

DATE

22 Jan 2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME MCMULLEN, EDWIN H SR
STREET ADDRESS 7208 SAND LAKE ROAD, SUITE 302
CITY-ST-ZIP ORLANDO FL 32819

TITLE MGRM ☐ Delete
NAME MCMULLEN, PAMELA R
STREET ADDRESS 7208 SAND LAKE ROAD, SUITE 302
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000003118470--8
-02/01/00--01072--008
*****50.00 *****50.00

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

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

Edwin H. McMillen Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

22 Jan 2000 407/876-3217
Date Daytime Phone #

CR2E083 (9/99)