

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
Zip
32836
Country
USA

City & State
Orlando FL
Zip
32836
Country
USA

4. FEI Number
59-3581840

Applied For
 Not Applicable

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
Street Address (P.O. Box Number is Not Acceptable)
9154 Great Heron Cir
City **Orlando** FL **32836**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*

DATE **22 Jan 2000**

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

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 Change 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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

CR2E083 (9/99)