2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002733

1. Entity Name

SURFING SENIORS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 15 PM 1:31

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3931 ROBERTS POINT ROAD SARASOTA FL 34242	3931 ROBERTS POINT ROAD SARASOTA FL 34242-1160

2. Principal Place of Business	3. Mailing Address
	P.O. Box 5088
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Sarasota, FL
Zip / Country	Zip: 34277-5088 / Country

4. FEI Number: 650920782 ☐ Applied For ☐ Not Applicable

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
BOYARSKY, ANDREW D 3931 ROBERTS POINT ROAD SARASOTA FL 34242	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BOYARSKY, ANDREW D 3931 ROBERTS POINT ROAD SARASOTA FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Boyarsky Andrew D 3931 Roberts Pointe Rd. Sarasota, FL 34242	☑ Change ☐ Addition MARM
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	mf 3/21/00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500003138845--1 -03/24/00--01115--011 *****50.00 *****50.00	☐ Change ☐ Addition
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CR2E083 (9/99)

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 REQUIRED Andrew Boyarsky, MGR 1-24-2000 941-312-2043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #