

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003852

1. Entity Name

MASTERCRAFT BUILDERS USA, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 18 AM 10: 02

Principal Place of Business

5836 RICHARD STREET  
JACKSONVILLE FL 32216

Mailing Address

5836 RICHARD STREET  
JACKSONVILLE FL 32216

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3596420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

VINING, STEPHEN  
5836 RICHARD STREET  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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/MANAGERS

TITLE MGRM ☒ Delete  
NAME MASTERCRAFT BUILDERS USA, INCORPORATED  
STREET ADDRESS 5836 RICHARD STREET  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE MGRM ☐ Delete  
NAME STEPHEN E. Vining  
STREET ADDRESS 4248 San Jose Blvd.  
CITY-ST-ZIP Jacksonville, FL 32207

TITLE MGRM ☐ Delete  
NAME DONALD A. REBER  
STREET ADDRESS 5314 Chiswick Circle  
CITY-ST-ZIP Orlando, FL 32812-2115

TITLE MGRM ☐ Delete  
NAME RAWSON B. COLEMAN  
STREET ADDRESS 12094 HAMMOCK OAKS DR.  
CITY-ST-ZIP Jacksonville, FL 32223

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition  
300003369953--6  
-08/23/00--01086--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ 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 REQUIRED  
STEPHEN E. VINING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7-31-00

904-448-1166

CR2E083 (5/00)