## 2000 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE:

## L99000005588 DOCUMENT # 30 :01 MA 02 YAM 00 1. Entity Name POSH CHARTERS, L.L.C. SECRETARY OF STATE Principal Place of Business Mailing Address . 901 VENETIA BAY BOULEVARD, SUITE 300 901 VENETIA BAY BOULEVARD, SUITE 300 VENICE FL 34292-4044 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State -0954523 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TURNER, JAMES L Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. **MGRM** Addition TITLE TITLE MITCHELL. RICHARD J NAME NAME 901 VENETIA BAY BOULEVARD, SUITE 300 STREET ADDRESS STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP CITY-ST-ZIP Change TITLE C Delete -TITLE Addition 000003291540NAME MAME -06/15/00--01077--013 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \*\*\*\*\*50.00 CITY-ST-ZIP \*\*\*\*\*50.00 ☐ Delete Addition TITLE TITLE RAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ☐ Delete Change Addition | TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- \$T- 719 CITY-ST-ZEP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDSESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deleto TITLE Change Addition NAME STORET ADDRESS STREET ADDRESS

APPROVED

SENATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

CITY- ST-ZIP

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 eath; 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.