

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006055

1. Entity Name

PORT OF CALL RECORDS L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:09

Principal Place of Business

311 EAGLE DRIVE
JUPITER FL 33477

Mailing Address

311 EAGLE DRIVE
JUPITER FL 33477-4100

2. Principal Place of Business

158 BARBADOS Dr

Suite, Apt. #, etc.

3. Mailing Address

158 BARBADOS Dr

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Jupiter FL

Zip

33458

Country

US

Zip

33458

Country

US
Palm Beach

4. FEI Number

650949831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKS, ETHEL N
311 EAGLE DRIVE
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

158 BARBADOS Dr

City

Jupiter

FL

Zip Code

33458

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

Ethel N Franks

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-00

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☐ Delete
NAME FRANKS, RICHARD
STREET ADDRESS 311 EAGLE DRIVE
CITY-ST-ZIP JUPITER FL 33477

TITLE MGRM ☐ Delete
NAME FRANKS, ETHEL
STREET ADDRESS 311 EAGLE DRIVE
CITY-ST-ZIP JUPITER FL 33477

TITLE MGRM ☒ Delete
NAME BERNSSEN, RANDY
STREET ADDRESS 1138 17 WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33304

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 ☐ Add
NAME 2000003121272-1
STREET ADDRESS -02/02/00-01091-004
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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:

Ethel N Franks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-26-00

Date

Daytime Phone #

561-6253561