

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L990000006212

1. Entity Name  
CROMPTON CHARTERS, LLC

FILED

01 MAR -5 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
125 WORTH AVENUE, SUITE 310  
PALM BEACH FL 33480

Mailing Address  
125 WORTH AVENUE, SUITE 310  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number ~~APPLIED FOR~~  
65-0950294

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

MCDIVITT, JOHN M  
WINTHROP, STIMSON, PUTNAM & ROBERTS  
125 WORTH AVENUE, SUITE 310  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name **Guy Rabideau**  
Street Address (P.O. Box Number is Not Acceptable)  
**Pillsbury Winthrop LLP**  
**125 Worth Avenue, Suite 310**  
City **Palm Beach** **FL** Zip Code **33480**

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 *Guy Rabideau* **Guy Rabideau** **2/2/01**  
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

TITLE **MGR**  
NAME **CROMPTON, JOHN** ☐ Delete  
STREET ADDRESS **125 WORTH AVENUE, SUITE 310**  
CITY-ST-ZIP **PALM BEACH FL 33480**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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: *John M. Crompton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **Feb 7, 2001** Daytime Phone #

CR2E083 (11/00)