

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006602

1. Entity Name
PERICO HARBOR MARINA, L.L.C.

APPROVED
AND
FILED

00 MAY -6 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12310 MANATEE AVE., W.
BRADENTON FL 34209

Mailing Address
12340 MANATEE AVE., W.
BRADENTON FL 34209-3012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12310 Manatee Ave W
Suite, Apt. #, etc.

3. Mailing Address
12310 Manatee Ave W
Suite, Apt. #, etc.

City & State
Bradenton FL
Zip
34209
Country
USA

City & State
BRADENTON FL
Zip
34209
Country
USA

4. FEI Number
65-0951015

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINOR, ROBERT
12310 MANATEE AVE., W.
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name
Scott Eickeman
Street Address (P.O. Box Number is Not Acceptable)
12310 Manatee Ave W.
City
Bradenton FL Zip Code
34209

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 Scott Eickeman DATE 5-4-2000

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	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice President	Scott Eickeman	2060 Old Pine Way	Sarasota, FL 34209	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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

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

5-4-00 941-795-2628

Date

Daytime Phone #