

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000006879

1. Entity Name  
SADDLEBAGS, LC

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
200 SOUTH BISCAYNE BLVD., SUITE 1050  
FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2394

Mailing Address  
200 SOUTH BISCAYNE BLVD., SUITE 1050  
FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2329

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0960242

Applied For  
Not Applicable

Zip Country Zip Country

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

## 6. Name and Address of Current Registered Agent

BENNETT, JOSH N  
200 SOUTH BISCAYNE BLVD., SUITE 1050  
FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2394

## 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/MEMBERS

TITLE MGRM  
NAME CALM WAVES TRUST  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 1050  
CITY-ST-ZIP MIAMI FL 33131-2394

TITLE MGRM  
NAME BLUE SKY TRUST  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 1050  
CITY-ST-ZIP MIAMI FL 33131-2394

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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: Virginia Dominguez, Manager 4-5-00 (305) 534-9090

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

Date

Daytime Phone #

CR2E083 (9/99)