

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT #

L99000008976

1. Entity Name

GOLDEN GALLEONS, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

200 Greene St.

3. Mailing Address

P.O. Box 1050

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Tallahassee, FL

4. FEI Number

59-3617895

Applied For

Not Applicable

Zip

33040

Country

Zip

32302

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A. Eugene Lewis
222 West Georgia St.
Tallahassee, FL 32301

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
NAME
STREET ADDRESS
CITY-ST-ZIP

A. Eugene Lewis, MGR
222 West Georgia St.
Tallahassee, FL; 32301

☐ Delete

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CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800003251918-5
-05/15/00--01024--019
****658.75 *****50.00

☐ Change ☐ Addition

TITLE
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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:

A. Eugene Lewis

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

4/30/00

Date

850-425-5000

Daytime Phone #

CR2E083 (11/99)