

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009416

1. Entity Name

PUNTA GORDA YACHT BROKERS, LLC

Principal Place of Business

Mailing Address

115 TAMiami TRAIL SUITE 4155  
PUNTA GORDA FL 33950

115 TAMiami TRAIL SUITE 4155  
PUNTA GORDA FL 33950

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

65-0970708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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  
Due By September 26, 2001

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-07/23/01--01004--020

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME REVIS, RUSSELL W  
STREET ADDRESS 115 TAMiami TRAIL SUITE 4155  
CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ Delete

TITLE MGR  
NAME MESIER, Frederick B  
STREET ADDRESS 115 TAMiami TRAIL  
CITY-ST-ZIP PUNTA GORDA, FL 33950 ☐ Change ☒ Addition

TITLE MGR  
NAME BENSON, EDWARD L  
STREET ADDRESS 115 TAMiami TRAIL SUITE 4155  
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/1/01 941-833-0099

CR2E083 (5/01)

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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STAPLE CHECK HERE