

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90053 010 \*\*\*\*50.00

**DOCUMENT # M00000002635**

1. Entity Name  
**MARINEMAX OF SOUTHEAST FLORIDA, LLC**



Principal Place of Business  
**18167 US HIGHWAY 19 NORTH, SUITE 499  
CLEARWATER FL 33764**

Mailing Address  
**18167 US HIGHWAY 19 NORTH, SUITE 499  
CLEARWATER FL 33764**

20007473



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2282954**

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C**  
**BASSETT, RICHARD R**  
**18167 US 19 N, SUITE 499**  
**CLEARWATER FL 33764** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**RUSSELL, ED**  
**18167 US 19 N, SUITE 499**  
**CLEARWATER, FL 33764** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**DAVIS, DEBBIE**  
**18167 US 19 N, SUITE 499**  
**CLEARWATER FL 33764** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASST TREASURER**  
**DOERSAM, MARSHA**  
**18167 US 19 N, SUITE 499**  
**CLEARWATER, FL 33764** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**MCGILL, WILLIAM H**  
**18167 US 19 N, SUITE 499**  
**CLEARWATER FL 33764** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**MCLAMB, MICHAEL H**  
**18167 US 19 N, SUITE 499**  
**CLEARWATER FL 33764** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS**  
**FRAHN, KURT M**  
**18167 US 19 N, SUITE 499**  
**CLEARWATER FL 33764** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS**  
**EZZELL, JACK P**  
**18167 US 19 N, SUITE 499**  
**CLEARWATER FL 33764** ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/13/03

Date

727-531-1700

Daytime Phone #

CR2E083 (10/02)