

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90349 001 ****50.00

DOCUMENT # M01000001226

1. Entity Name

CHESAPEAKE BAY SAILING SCHOOL LLC

Principal Place of Business

**362 CHESAPEAKE DRIVE
 WHITE STONE VA 22578**

Mailing Address

**362 CHESAPEAKE DRIVE
 WHITE STONE VA 22578**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 779

Suite, Apt. #, etc.

P.O. Box 779

City & State

IRVINGTON

City & State

IRVINGTON

Zip

VA

Country

22480

Zip

VA

Country

22480

6. Name and Address of Current Registered Agent

**SCOTT, RUSS
 9300 EMERALD COAST HWY
 DESTIN FL 32550**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **DENVIR, ARABELLA**
 STREET ADDRESS **PO BOX 779**
 CITY-ST-ZIP **IRVINGTON VA 22480**

TITLE **MGR** ☐ Delete
 NAME **DENVIR, PHILIP**
 STREET ADDRESS **PO BOX 779**
 CITY-ST-ZIP **IRVINGTON VA 22480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

955360



DO NOT WRITE IN THIS SPACE

4. FEI Number **54-1918438**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

CR2E083 (9/01)

804 435 5019

7 Feb 2002