

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90098 018 ****50.00

DOCUMENT # M01000002684

1. Entity Name

MARINEMAX OF SARASOTA, LLC

Principal Place of Business

**18167 U.S. HIGHWAY 19 NORTH, STE. 499
 CLEARWATER FL 33764**

Mailing Address

**18167 U.S. HIGHWAY 19 NORTH, STE. 499
 CLEARWATER FL 33764**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3758886** **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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

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

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

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

1/10/02 **(727) 531-1700**

Date Daytime Phone #

CR2E083 (9/01)