

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M88020

1. Entity Name

MASTERCRAFT BUILDERS USA, INCORPORATED

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90191 013 ***150.00

Principal Place of Business

5836 RICHARD STREET
JACKSONVILLE FL 32216
US

Mailing Address

5836 RICHARD STREET
JACKSONVILLE FL 32216
US

2. Principal Place of Business

3. Mailing Address

4248 SAN JOSE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE Fla.

Zip

Country

Zip

Country

32207

USA

4. FEI Number 59-2897232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINING, STEPHEN
5836 RICHARD STREET
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

4248 SAN JOSE BLVD

City

JACKSONVILLE

FL

Zip Code

32207

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

01-31-01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME VINING, STEPHEN
STREET ADDRESS 5836 RICHARD STREET
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE ☒ Delete
NAME VP
STREET ADDRESS COLEMAN, RAWSON
CITY-ST-ZIP 12094 HAMMOCK OAKS DRIVE
JACKSONVILLE FL 32223

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

TITLE ☒ Delete
NAME VP
STREET ADDRESS FREE, JAMES L
CITY-ST-ZIP 715 EGRET BLUFF LN
JACKSONVILLE FL 32207

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

TITLE ☒ Delete
NAME VINING, STEPHEN
STREET ADDRESS 4248 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☒ Delete
NAME VINING, DEBRA
STREET ADDRESS 4248 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-31-01 904-631-4444

CR2E034 (10/00)