

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 PM 12: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000070

1. Entity Name  
STEAMBOAT ENVIROSYSTEMS, L.L.C.

Principal Place of Business Mailing Address  
515 NORTH FLAGLER DRIVE, SUITE 702 515 NORTH FLAGLER DRIVE, SUITE 702  
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-4324

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 65-0710741 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

~~ALBRIGHT, SUZANNE~~  
515 NORTH FLAGLER DRIVE, SUITE 702  
WEST PALM BEACH FL 33401

## 7. Name and Address of New Registered Agent

Name Szyzsko, Daniel  
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 5-1-00  
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

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME ROSEN, THEODORE  
STREET ADDRESS 515 NORTH FLAGLER DRIVE, SUITE 702  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE MGR ☒ Delete  
NAME NELSON, RICHARD H  
STREET ADDRESS 515 NORTH FLAGLER DRIVE, SUITE 702  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 MGR ☒ Change ☐ Addition  
NAME SCHNEIDER, LAWRENCE I  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300003269743-2  
STREET ADDRESS -05/30/00--01016--016  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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 OR MANAGER

Date 5/1/00 Daytime Phone #

CR2E083 (9/99)