

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002094

1. Entity Name

GAONA SPORTFISHING CHARTERS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 10 AM 9:25

Principal Place of Business

116 MORNINGSIDE RD.
VENICE FL 34293

Mailing Address

P.O. BOX 866
VENICE FL 34284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0523569

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

GAONA, MARCO
116 MORNINGSIDE ROAD
VENICE FL 34293

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KING, JAMES	
STREET ADDRESS	N/A	
CITY-ST-ZIP	THREE KINGS MI	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GAONA, MARCO	
STREET ADDRESS	N/A	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	KING, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20481 HWY M-60	
STREET ADDRESS	THREE RIVERS MI 49093	
CITY-ST-ZIP		
TITLE	GAONA MARCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	116 MORNING SIDE RD	
STREET ADDRESS	VENICE FL 34283	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7-6-00

941-488-2311

CP2E083 (5/00)