

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000049273**

1. Entity Name  
**SEAGULL BOATS, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90440 023 \*\*\*150.00

Principal Place of Business  
**5564 SHIRLEY STREET  
NAPLES FL 34109  
US**

Mailing Address  
**5564 SHIRLEY STREET  
NAPLES FL 34109  
US**

2. Principal Place of Business  
**No change**  
Suite, Apt. #, etc.

3. Mailing Address  
**No change**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0518022**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BARR, JEFFREY A  
3210 BERAUDA ISLAND APT 227  
NAPLES FL 33999**

Name **No Change**  
Street Address (P.O. Box Number is Not Acceptable)  
City 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's signature required when reinstating)

DATE

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 **D** ☒ Delete  
NAME **KAHN, RANDALL**  
STREET ADDRESS **P.O. BOX 283 N/A**  
CITY-STATE-ZIP **NAPLES FL 33939**

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

TITLE **D** ☐ Delete  
NAME **BARR, JEFFREY A**  
STREET ADDRESS **3210 BERMUDA ISLAND APT 227**  
CITY-STATE-ZIP **NAPLES FL 33999**

TITLE **President and Treasurer** ☒ Change ☐ Addition  
NAME **Barr, Jeffrey A.**  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **Vice President & Secretary** ☐ Change ☒ Addition  
NAME **Luthers, E. Gerald**  
STREET ADDRESS **1675 Legion Drive**  
CITY-STATE-ZIP **Elm Grove, WI 53122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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.

**Patricia Goodling** Controller **PAT1GOODLING 4-20-01 (94)5926303**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)