

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000042391**

1. Entity Name

LMP YACHTS, INC.**FILED****Feb 08, 2000 8:00 am**
Secretary of State

02-08-2000 90134 044 ***158.75

Principal Place of Business

**3355 OCEAN DRIVE
VERO BEACH FL 32963**

Mailing Address

**3355 OCEAN DRIVE
VERO BEACH FL 32963-1959**

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

65-0920999

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EVANS, RALPH L
3355 OCEAN DRIVE
VERO BEACH FL 32963**

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

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, RALPH L	
STREET ADDRESS	3355 OCEAN DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph L. Evans	
STREET ADDRESS	3355 Ocean Drive	
CITY-ST-ZIP	Vero Beach, FL 32963	

TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theodore J. Leonsis	
STREET ADDRESS	10869 Patowmack Drive	
CITY-ST-ZIP	Great Falls, VA 22066	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles H. Gould	
STREET ADDRESS	815 Beachland Boulevard	
CITY-ST-ZIP	Vero Beach, FL 32963	

TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn M. Leonsis	
STREET ADDRESS	10869 Patowmack Drive	
CITY-ST-ZIP	Great Falls, VA 22066	

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		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #