

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J94485

1. Entity Name

MANATEE MARINA, INCORPORATED

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90067 030 \*\*\*150.00

Principal Place of Business

Mailing Address

1000 SE DIXIE HIGHWAY  
P O BOX 1449  
PORT SALERNO FL 34992

4905 SE DIXIE HIGHWAY  
P O BOX 1449  
PORT SALERNO FL 34992-1449

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

65-0005072

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

FRASIER, STEPHEN  
815 COLORADO AVE. #310  
STUART FL 34994

Name  
~~GARY KRASNA~~

Street Address (P.O. Box Number is Not Acceptable)  
1900 CORPORATE BLVD. N.W. SUITE# 301  
WEST BLDG.

City  
BOCA RATON

FL

Zip Code  
33431

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

*Gary M. Krasna*

(NOTE: Registered Agent signature required when reinstating)

2/25/00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ZOCCO, CHESTER  
177 HIGHLAND ST.  
ROCKY HILL CT ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SCENZA, JOHN  
116 EDDY LANE  
NEWINGTON CT ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice Pres. & Secretary  
Scelza, JohnH.  
10 Cambridge Dr.  
Newington, CT. 06131-0277 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
DALENE, ARNE  
PEDERSEN ROAD  
E. HARTLAND CT ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President & Treasurer  
Barbara A. Dalene  
45 Nutmeg Rd. South  
So. Windsor, CT. 06074 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

2/22/00

Date

561-283-6714

Daytime Phone #

CR2E034 (9/99)