## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2000 8:00 am Secretary of State DOCUMENT # **N04543** 1. Entity Name RIVER POINTE MARINA, INC. 01-24-2000 90092 047 \*\*\*\*61.25 Principal Place of Business Mailing Address 811 RIVER POINTE DRIVE 2250 QUEENS WAY NAPLES FL 34102 NAPLES FL 34112-5424 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2443420 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KRALLS, CHERYL R 1072 GOODLETTE RD NAPLES FL 33940 Zip Code City FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. П FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F TD ☐ Delete TITLE ☐ Addition NAME GREGORY, WILLAM R NAME STREET ADDRESS 2250 QUEENS WAY STREET ADDRESS CITY-ST-ZIF NAPLES FL 34112 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CASSIDY, CHRIS NAME STREET ADDRESS 1872 PICCADILLY CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CLEMENS, DAVID NAME STREET ADDRESS 5041 SUNBURY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Delete TITLE ☐ Change ☐ Addition FERNSTROM, CARL NAME NAME STREET ADDRESS 3096 TAMIAMI TR N#3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE ☐ Delete TITLE Change Addition RUSSELL: RAY NAME NAME STREET ADDRESS 2716 FOUNTAIN VIEW LN #101 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 PD TITLE ☐ Delete TITLE Addition Change MARKE CACO, BOB NAME

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

28651 WINTHROP CIRCLE

**BONITA SPRINGS FL 33923** 

STREET ADDRESS

FILED