2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90131 032 ****61.25

DOCUMENT # N04543

1. Entity Name

RIVER POINTE MARINA, INC.

Principal Place of Business	Mailing Address
811 RIVER POINTE DRIVE NAPLES FL 34102 US	2250 QUEENS WAY NAPLES FL 34112 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 9355 Suite, Apt. #, etc.
City & State	City & State: NAPLES, FL
Zip / Country	Zip: 34101-9355 / Country: COLLIER

4. FEI Number: 59-2443420 ☐ 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
KRAUS, CHERYL R 1072 GOODLETTE RD NAPLES FL 33940	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 $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREGORY, WILLAM R 2250 QUEENS WAY NAPLES FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER/D DANIEL L. MCCOY 4310 1ST AVE. SW NAPLES, FL 34119-2622	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASSIDY, CHRIS 1872 PICCADILLY CIRCLE NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ALEX BOGUE 805 RIVER POINTE DR. NAPLES, FL 34102-3422	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMENS, DAVID 5041 SUNBURY COURT NAPLES FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHN LANDON 2580 10th ST. N. NAPLES, FL 34103-4523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FERNSTROM, CARL 3096 TAMIAMI TR N#3 NAPLES FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT/D RAY STEELE 2601 NO. TIMBERLANE MUNCIE, IN 47304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUSSELL, RAY 2716 FOUNTAIN VIEW LN #101 NAPLES FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARTY LAWTON 7014 SUGAR MAGNOLIA CIR. NAPLES, FL 34109-7832	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CACO, BOB 28651 WINTHROP CIRCLE BONITA SPRINGS FL 33923	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/D MARY ZUCCARO 803 RIVER POINT DR. APT. 107-B NAPLES, FL 34102	☐ Change ☒ Addition

CR2E037 (9/01)

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.

SIGNATURE: DANIEL L. MCCOY **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2002 Date

941-352-2614 Daytime Phone #