

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90134 015 ****61.25

DOCUMENT # N09006

1. Entity Name

GALLEON MARINA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1510 S TUTTLE AVE
 SARASOTA FL 34239
 US

1510 S TUTTLE AVE
 SARASOTA FL 34239-2607
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1207000

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

SHAW, ANDREW
1515 RINGLING BLVD
STE 1500
SARASOTA FL 34236

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 Delete
 NAME **VPD PIACEBELLO, FRANCO**
 STREET ADDRESS **109 DUVAL STR**
 CITY-ST-ZIP **KEY WEST FL**

TITLE Change Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD LETSCHERT, TRUDO**
 STREET ADDRESS **1510 S. TUTTLE AVENUE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PDT SMITH, ROY B.**
 STREET ADDRESS **1510 S TUTTLE AVE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Additor
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 CITY-ST-ZIP

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TITLE Change Additor
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #