

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000383

1. Entity Name

BRENDAN COVE MARINA ASSOCIATION, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90031 014 \*\*\*\*61.25

Principal Place of Business 2524 SW 45TH ST CAPE CORAL FL 33914	Mailing Address 2524 SW 45TH ST CAPE CORAL FL 34133-0613
---	--

2. Principal Place of Business 25151 Pennyroyal Dr. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 613 Suite, Apt. #, etc.
---	---

City & State Bonita Springs, FL	City & State Bonita Springs, FL
Zip 34134	Zip 34133
Country Lee	Country Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0814807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMRICH, MICHAEL  
 2524 SW 45TH ST  
 CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

ROSINUS FRANZ  
 25151 Pennyroyal Dr.  
 Bonita Springs, FL 34134

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: *Stacy Schmitt* DATE: *Febr. 28-00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE PTD	NAME EMRICH, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2524 SW 45TH ST	CITY-ST-ZIP CAPE CORAL FL 33914	
TITLE VD	NAME BROWN, HOMER L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS P O BOX 2526 N/A	CITY-ST-ZIP BONITA FL 34135	
TITLE SD	NAME BROWN, DONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS P O BOX 2526 N/A	CITY-ST-ZIP BONITA FL 34135	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD	NAME ROSINUS FRANZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 25151 Pennyroyal Dr.	CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE VD	NAME ROTH, SIEGFRIED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P.O. Box 613	CITY-ST-ZIP Bonita Springs, FL 34133	
TITLE SD	NAME ROSINUS UTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 25151 Pennyroyal Dr.	CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Stacy Schmitt* DATE: *Febr. 28-00* (941) 947-9829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)