2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000012359 Feb 03, 2000 8:00 am **Secretary of State** YANKEETOWN MARINA, INC. 02-03-2000 90006 037 ***150.00 Principal Place of Business Mailing Address 15 HICKORY AVE. 15 HICKORY AVE. YANKEETOWN FL 32698 YANKEETOWN FL 34498-0359 2. Principal Place of Business 3. Mailing Address 15 <u>Hickory Avenue</u> <u>15 Hickory Avenue</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0894797 Not Applicable Yankeetown Yankeetown, Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34498 USA <u> 34498</u> USA 6: 'Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent Ralph E. Oesterle II OESTERLE, RALPH E Street Address (P.O. Box Number is Not Acceptable) 5 Captain Cove Road 15 HICKORY AVE. YANKEETOWN FL 32698 City Inglis FL Zip Code 34449 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President X Addition TITLE Change TITLE ☐ Delete Ralph E. Oesterle II NAME 5 Captain Cove Road STREET ADDRESS STREET ADDRESS Inglis, FL 34449 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE ☐ Change X Addition ☐ Delete Ralph E. Oesterle NAME NAME 138 Young Drive STREET ADDRESS STREET ADDRESS Inglis, FL 34449 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

like empowered.

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 9

Ralph E. Oesterle II