


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90169 039 ***150.00

DOCUMENT # P99000027985

1. Entity Name
SOUTH BEACH MARINA, INC.



Principal Place of Business
**1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308**

Mailing Address
**1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3566500**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD STE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	GRAY, LYNNÉ M	
STREET ADDRESS	1801 HERMITAGE BLVD STE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD STE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	DECOSTA, LALER C	
STREET ADDRESS	3424 PEACHTREE RD. NE #800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TRIVERS, LISA K	
STREET ADDRESS	3424 PEACHTREE RD. NE #800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKEAN, THOMAS	
STREET ADDRESS	3424 PEACHTREE RD. NE #800	
CITY-ST-ZIP	ATLANTA GA 30326	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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:  **Thomas A. McKean** 01/29/03 404-848-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)