

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90100 007 \*\*\*\*61.25

**DOCUMENT # N17051**

1. Entity Name

**MARIE'S YACHT HARBOR CLUB CONDOMINIUM ASSOCIATIO**

Principal Place of Business

Mailing Address

100 AVENUE I  
COCO PLUM BEACH  
MARATHON FL 33050

P O BOX 522822  
COCO PLUM BEACH  
MARATHON FL 33052-2822  
US

2. Principal Place of Business

150 Avenue I

Suite, Apt. #, etc.

Coco Plum Beach

City & State

Marathon, FL

Zip

33050

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2819375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HULL, JERRILYNN  
100 AVENUE I  
COCO PLUM BCH  
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name **Shaw's Secretarial Service**

Street Address (P.O. Box Number is Not Acceptable)

11499 Overseas Highway

City

Marathon

FL

Zip Code

33050

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

*Pamela A. Shaw*

**Pamela A. Shaw, Owner of Shaw's Secretarial Service 3/1/00**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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

|                |                            |                                            |
|----------------|----------------------------|--------------------------------------------|
| TITLE          | PD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | HULL, JERRILYNN A          |                                            |
| STREET ADDRESS | 100 AVE I, COCO PLUM BEACH |                                            |
| CITY-ST-ZIP    | MARATHON FL                |                                            |
| TITLE          | VPD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | WALKER, BEN                |                                            |
| STREET ADDRESS | 100 AVE I, COCO PLUM BCH   |                                            |
| CITY-ST-ZIP    | MARATHON FL                |                                            |
| TITLE          | STD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | WALKER, BEN                |                                            |
| STREET ADDRESS | 100 AVE I, COCO PLUM BEACH |                                            |
| CITY-ST-ZIP    | MARATHON FL                |                                            |
| TITLE          | D                          | <input checked="" type="checkbox"/> Delete |
| NAME           | WOOD, GERRY                |                                            |
| STREET ADDRESS | 100 AVE I, COCO PLUM BCH   |                                            |
| CITY-ST-ZIP    | MARATHON FL 33050          |                                            |
| TITLE          | D                          | <input checked="" type="checkbox"/> Delete |
| NAME           | BRYCE, ILEAN               |                                            |
| STREET ADDRESS | 100 AVE I, COCO PLUM BEACH |                                            |
| CITY-ST-ZIP    | MARATHON FL 33050          |                                            |
| TITLE          | D                          | <input type="checkbox"/> Delete            |
| NAME           | SMITH, RALPH               |                                            |
| STREET ADDRESS | 130 COCO PLUM              |                                            |
| CITY-ST-ZIP    | MARATHON FL 33050          |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                                                              |
|----------------|-----------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Becky Brooks                |                                                                              |
| STREET ADDRESS | 150 Avenue I, #29           |                                                                              |
| CITY-ST-ZIP    | Marathon, FL 33050          |                                                                              |
| TITLE          | VPD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Karen Dennis                |                                                                              |
| STREET ADDRESS | 2138 Harbor Drive           |                                                                              |
| CITY-ST-ZIP    | Marathon, FL 33050          |                                                                              |
| TITLE          | STD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Trish L. Mohr               |                                                                              |
| STREET ADDRESS | 150 Avenue I #38            |                                                                              |
| CITY-ST-ZIP    | Marathon, FL 33050          |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Tom Horachek                |                                                                              |
| STREET ADDRESS | 30 South Conch Avenue       |                                                                              |
| CITY-ST-ZIP    | Conch Key, FL 33050         |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | William S. Wutzer           |                                                                              |
| STREET ADDRESS | 2108 Central Avenue, Unit 2 |                                                                              |
| CITY-ST-ZIP    | Seaside Park, NJ 08753      |                                                                              |
| 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 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:

*Trish L. Mohr*

**Trish L. Mohr**

3/1/00

(305) 743-9427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)