

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 179287**

1. Entity Name

MARINE COLONY VILLAS, INC.**FILED**
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90175 034 ***150.00

714117

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**901 N. BIRCH RD.
FORT LAUDERDALE FL 33304**

Mailing Address

**901 N. BIRCH RD.
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0938824**

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

**ONORATI, GARY
767 S. STATE RD. 7
MARGATE FL 33068**

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GORMAN, DONALD	
STREET ADDRESS	901 N. BIRCH RD. D4	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	NICHOLS, PHILIP	
STREET ADDRESS	901 N. BIRCH RD. C6	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	BENTZ, GEORGE	
STREET ADDRESS	901 N. BIRCH RD. DI	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, AUSTIN	
STREET ADDRESS	901 N. BIRCH RD. B9	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, DORIS	
STREET ADDRESS	3080 N.E. 47TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DONALD W. GORMAN PRES**GEORGE O. BENTZ TREAS.**

CR2E034 (10/00)