

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739712

1. Entity Name

CATAMARAN I, INCORPORATED

Principal Place of Business

2400 S. OCEAN DRIVE  
FT. PIERCE FL 34949

Mailing Address

2400 S. OCEAN DRIVE  
FT. PIERCE FL 34949

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

59-1875874

Applied For

Not Applicable

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

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

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME MOEN, WILLIAM  
STREET ADDRESS 2400 S OCEAN DR  
CITY-ST-ZIP FORT PIERCE FL 34949 ☐ Delete

TITLE PD  
NAME BARTON, MARJORIE  
STREET ADDRESS 2400 S. OCEAN DR  
CITY-ST-ZIP FT. PIERCE, FL ☐ Change ☒ Addition

TITLE PD  
NAME SHELTON, ALVIN  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE VD  
NAME SHELTON, ALVIN  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT PIERCE, FL ☒ Change ☐ Addition

TITLE SD  
NAME BOYD, RICHARD  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT PIERCE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME BLUMENTHAL, FANNY  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Fanny Blumenthal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FANNY BLUMENTHAL

4/17/02

Date

Daytime Phone #

CR2E037 (9/01)