

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 149004

1. Entity Name
MARINA AT FORT PIERCE, INCORPORATED

Principal Place of Business
219 FISHERMANS WHARF
FT. PIERCE FL 34950

Mailing Address
219 FISHERMANS WHARF
FT. PIERCE FL 34950

2. Principal Place of Business
219 FISHERMANS WHARF
Suite, Apt. #, etc.

3. Mailing Address
219 FISHERMANS WHARF
Suite, Apt. #, etc.

City & State
Fort Pierce, FL
Zip
34950

City & State
Fort Pierce, FL
Zip
34950

4. FEI Number
59-0586549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZELLER, WILLIAM JR.
219 FISHERMANS WHARF
FT. PIERCE FL 34946

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME PD
STREET ADDRESS ZELLER, WILLIAM JR.
CITY-ST-ZIP 219 FISHERMANS WHARF
FT PIERCE, FL 00000

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

William J. Zeller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01
Date

561 461 1266
Daytime Phone #

FILED
Sep 14, 2001 8:00 am
Secretary of State
09-14-2001 90010 006 ***550.00



DO NOT WRITE IN THIS SPACE

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