

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 154083

1. Entity Name

BROWARD MARINE, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90014 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
%HEATHER C.KEITH.ESQ/HOLLAND & KNIGHT.LLP %HEATHER C.KEITH.ESQ/HOLLAND & KNIGHT.LLP  
ONE E.BROWARD BLVD..SUITE 1300 ONE E.BROWARD BLVD..SUITE 1300  
FT. LAUDERDALE FL 33301-4811 FT. LAUDERDALE FL 33301-1804

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0577234

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

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, 2000 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 PD  
NAME DENISON, FRANK A  
STREET ADDRESS 1601 S.W. 20TH ST.  
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE NAME  
NAME FRANKLIN A DENISON  
STREET ADDRESS C/O EVER AND COMPANY CPAs  
CITY-ST-ZIP ONE FINANCIAL PLAZA SUITE 2100  
FORT LAUDERDALE, FL 33394 ☒ Change ☐ Addition

TITLE VP  
NAME ANNE MAHONEY  
STREET ADDRESS 1601 SW 20TH ST  
CITY-ST-ZIP FT LAUDERDALE FL 33315 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
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:

*Franklin A Denison Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)