

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 191800

1. Entity Name

SELVA MARINA COUNTRY CLUB, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90015 012 ***150.00

Principal Place of Business
1600 SELVA MARINA DRIVE
ATLANTIC BEACH FL 32233

Mailing Address
1600 SELVA MARINA DRIVE
ATLANTIC BEACH FL 32233

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 59-6077224

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

~~FORD, ROBERT J~~
~~315 19 STREET~~
~~ATLANTIC BEACH FL 32233~~

Name Laliberte, John
Street Address (P.O. Box Number is Not Acceptable)

1729 Ocean Grove Dr.

City Atlantic Bch., FL Zip Code 32233

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 John A. Laliberte John A. Laliberte General Manager/COO 03-29-01
(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 ☐ Delete
NAME VD
STREET ADDRESS WILLIAMS, EVELYN S
CITY-ST-ZIP 4003 PONTE VEDRA BLVD.
JACKSONVILLE BEACH FL 32250

TITLE ☒ Change ☐ Addition
NAME Pres.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS FORD, ROBERT J
CITY-ST-ZIP 315 19 STREET
ATLANTIC BEACH FL 32233

TITLE ☒ Change ☐ Addition
NAME Sec.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME SD
STREET ADDRESS CARLIN, MIKE
CITY-ST-ZIP 1700 SELVA MARINA DRIVE
ATLANTIC BEACH FL 32233

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS Hayes, Randy
CITY-ST-ZIP 1992 Colina Court
Atlantic Bch, FL 32233

TITLE ☒ Delete
NAME D
STREET ADDRESS WILLIAMS, EVELYN S
CITY-ST-ZIP 4003 PONTE VEDRA BLVD
JACKSONVILLE BEACH FL 32250

TITLE ☐ Change ☒ Addition
NAME TREAS
STREET ADDRESS Rummel, Rick
CITY-ST-ZIP 28 Seatrout St.
Ponte Vedra Bch, FL 32082

TITLE ☒ Delete
NAME D
STREET ADDRESS WITHERSPOON, MIKE
CITY-ST-ZIP 1726 SELVA MARINA DRIVE
ATLANTIC BEACH FL 32233

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: John A. Laliberte John A. Laliberte General Manager 03-29-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)