2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # 263744** 1. Entity Name SNAPPER CREEK MARINA, INC 04-10-2001 90019 012 ***150.00 Mailing Address Principal Place of Business 11190 SNAPPER CREEK RD 11190 SNAPPER CREEK RD MIAMI-FLA 33156 CORAL GABLES FL 33136-4216 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Gables, Fl City & State 4. FEI Number Applied For 59-1030262 Not Applicable [₹]9156**-4**216 33156-4216 Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOGLE, LEWIS H. Street Address (P.O. Box Number is Not Acceptable) 10415 SW 53RD AVE. **MIAMI FL 33156** Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change | ☐ Delete TITLE TITLE NAME NAME BONNER, R. LAWRENCE 10201 Sabal Palm Avenue STREET ADDRESS STREET ADDRESS 10201 SW 53RD AVENUE Coral Gables, FL 33156 CITY-ST-ZIP CITY-ST-ZIP MIAMI EL ದ Change Addition ☐ Delete TITLE TITLE NAME NAME HIRCH, M.D. NATHAN STREET ADDRESS 10500 Snapper Creek Road STREET ADDRESS 10801 SNAPPER CREEK ROAD Coral Gables, FL 33156 CITY-ST-7IP CITY-ST-ZIP MIAMI FL. Change Addition TITLE TITLE, NAME NAME BATTLE, MICHAEL W. 10745 Lakeside Drive Coral Gables, FL 33156 STREET ADDRESS STREET ADDRESS 10745 SW 53 AVE CITY-ST-ZIP CITY-ST-ZIP MIAML FL. X Change ☐ Delete TITLE ☐ Addition TITLE NAME OLEN, RANDY J. 10725 Lakeside Drive STREET ADDRESS STREET ADDRESS 10725 SW 53 AVE. CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME Dawn Fine STREET ADDRESS. STREET ADDRESS 5300 Fairchild Way Coral Gables, FL 33156 CiTY-ST-ZIP CITY-ST-7IP X Addition □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Coral Gables, FL 33156 CITY-ST-7IP 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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

kë empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachme

SIGNATURE: