

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90712 008 ***150.00

DOCUMENT # 263744

1. Entity Name
SNAPPER CREEK MARINA, INC

Principal Place of Business
**11190 SNAPPER CREEK RD
CORAL GABLES FL 33156-4216
US**

Mailing Address
**11190 SNAPPER CREEK RD
CORAL GABLES FL 33156-4216
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1030262**

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

**FOGLE, LEWIS H.
10415 SW 53RD AVE.
MIAMI FL 33156**

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, 2002 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 **D** ☒ Delete
NAME **BONNER, R. LAWRENCE**
STREET ADDRESS **10201 SABAL PALM AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **D** ☒ Change ☐ Addition
NAME **Michael W. Battle**
STREET ADDRESS **10745 Lakeside Drive**
CITY-ST-ZIP **Coral Gables, FL 33156**

TITLE **P** ☐ Delete
NAME **HIRCH, M.D. NATHAN**
STREET ADDRESS **10500 SNAPPER CREEK ROAD**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BATTLE, MICHAEL W.**
STREET ADDRESS **10745 LAKESIDE DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **D** ☐ Change ☒ Addition
NAME **Curtis J. Mase**
STREET ADDRESS **5505 Arbor Lane**
CITY-ST-ZIP **Coral Gables, FL 33156**

TITLE **D** ☐ Delete
NAME **OLEN, RANDY J.**
STREET ADDRESS **10725 LAKESIDE DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FINE, DAWN**
STREET ADDRESS **5300 FAIRCHILD WAY**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **VOELL, DAVID B**
STREET ADDRESS **5230 OAK LANE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE
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:

Signature of Michael W. Battle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 665-0034

Date

Daytime Phone #

CR2E034 (9/01)