2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State
08-27-2003 90079 037 ***550.00

005404 AV

DOCUMENT # 263744

1. Entity Name
SNAPPER CREEK MARINA,INC

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

☐ CHECK HERE IF MAKING CHANGES

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 59-1030262 ☐ 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
FOGLE, LEWIS H. 10415 SW 83RD AVE. MIAMI FL 33156	Name: SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle Suite 1102 City: Coral Gables FL Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: SKRLD, Inc, by Lisa A. Lerner, Secretary 8/25/03
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATTLE, MICHAEL W 10745 LAKESIDE DRIVE MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIRCH, M.D. NATHAN 10500 SNAPPER CREEK ROAD CORAL GABLES FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tim Battle 5225 Fairchild Way Coral Gables FL 33156 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASE, CURTIS J 5505 ARBOR LANE MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLEN, RANDY J. 10725 LAKESIDE DRIVE CORAL GABLES FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINE, DAWN 5300 FAIRCHILD WAY CORAL GABLES FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joe Hassan 10950 Old Cutler Road Coral Gables FL 33156 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VOELL, DAVID B 5230 OAK LANE CORAL GABLES FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bill Tillett 10905 Snapper Creek Rd Coral Gables FL 33156 ☒ Change ☐ Addition

CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/28/03 3056610505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #