

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

0157786

**DOCUMENT # 326557**

1. Entity Name  
**GARDEN COVE OCEANSIDE MARINA, INC.**

03-19-2001 90498 033 \*\*\*150.00

Principal Place of Business  
**2053 SECOFFEE ST**  
**MIAMI FL 33133**  
**US**

Mailing Address  
**2053 SECOFFEE ST**  
**MIAMI FL 33133**  
**US**

751410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**P.O. BOX 330669**

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**COCONUT GROVE FL**

4. FEI Number **65-0350730**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33233**

Country

**DADE**

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

**RON BAKER**  
**2655 LEDUNE RD SUITE 201**  
**MIAMI FL 33-134N**

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.

**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 **PD TAYLOR, ROBERT M**  
 STREET ADDRESS **2053 SECOFFEE ST**  
 CITY-ST-ZIP **MIAMI, FL 00000 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S TAYLOR, MARY L**  
 STREET ADDRESS **2053 SECOFFEE ST**  
 CITY-ST-ZIP **MIAMI, FL 00000 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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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: Robert M. Taylor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 305-213-8004  
Date Daytime Phone #

CR2E034 (10/00)