

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 338735

1. Entity Name

MARINA JACK INC

Principal Place of Business

#2 MARINA PLAZA  
SARASOTA FL 34236

Mailing Address

#2 MARINA PLAZA  
SARASOTA FLA 34236-8919

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1230297

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

GRAHAM, J W  
2 MARINA PLAZA  
SARASOTA FL

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, 2000 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 STD  
NAME GRAHAM, J W  
STREET ADDRESS #4 MARINA PLAZA  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE PD  
NAME LOCKARD, M G  
STREET ADDRESS 174 GOLDEN GATE PT  
CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE VD  
NAME SULLIVAN, H L  
STREET ADDRESS #2 MARINA PLAZA  
CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE VP  
NAME CLEAVERS, SAMUEL  
STREET ADDRESS #2 MARINA PLAZA  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE DIRECTOR  
NAME Robert SORAN  
STREET ADDRESS #2 MARINA PLAZA  
CITY-ST-ZIP SARASOTA, FL 34236 ☐ Change ☒ Addition

TITLE VP  
NAME CHAVERS, SAMUEL  
STREET ADDRESS #2 MARINA PLAZA  
CITY-ST-ZIP SARASOTA, FL 34236 ☒ Change ☐ Addition

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

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

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:

*Samuel Chavers* SAMUEL CHAVERS

Date

2/04/00

Daytime Phone #

941-3654232

CR2E034 (9/99)