

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/11

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90078 020 \*\*\*150.00

**DOCUMENT # 370726**

1. Entity Name

**JON'S MARINA, INC.**

Principal Place of Business

171-8 CANAL ST.  
SUWANNEE FL 32692-0315

Mailing Address

POST OFFICE BOX 315  
SUWANNEE FL 32692-0315

2. Principal Place of Business

3. Mailing Address

P.O. Box 315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUWANNEE, FL

City & State

SUWANNEE, FL

Zip

Country

32692-0315 Dixie

Zip

Country

32692-0315 Dixie

4. FEI Number

59-1321549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARMER, NANCY M  
178 CANAL ST.  
SUWANNEE FL 32692

7. Name and Address of New Registered Agent

Name

JON V. FARMER

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 315 - 178 CANAL ST.

SUWANNEE, FL

32692

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

JON V. FARMER P & S T

4-24-00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FARMER, JON V  
178 CANAL ST.  
SUWANNEE FL 32692-0315 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
FARMER, NANCY M  
178 CANAL ST.  
SUWANNEE FL 32692-0315 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FARMER, CHARLES K  
PO BOX 393  
OLD TOWN FL 32680 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TYRE, GIGI H. FARMER  
406 BRADY CIR  
LAKE CITY FL 32055 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
JON V. FARMER  
178 CANAL ST.  
SUWANNEE, FL 32692-0315 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

JON V. FARMER - JON V. FARMER 4-5-00

542-7145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)