

2001 UNIFORM BUSINESS REPORT (UBR)

0118566

DOCUMENT # 678803

1. Entity Name
MARR RESORT PROPERTIES, INC.

Principal Place of Business

**527 CARIBBEAN BLVD
KEY LARGO FL 33037
US**

Mailing Address

**P O BOX 1050
KEY LARGO FL 33037
US**

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 **59-2262478**

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

**MARR, SCOTT A
527 CARIBBEAN BLVD.
KEY LARGO FL 33037**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 **VD** ☐ Delete
NAME **MARR, CHESTER S.**
STREET ADDRESS **496 CARIBBEAN DR.**
CITY-ST-ZIP **KEY LARGO FL**

☐ Change ☐ Addition
900003533829--3
-01/11/01--01106--007
*******158.75 *****158.75**

TITLE **STD** ☐ Delete
NAME **MARR, SCOTT A**
STREET ADDRESS **496 CARIBBEAN DR.**
CITY-ST-ZIP **KEY LARGO FL**

☐ Change ☐ Addition

TITLE **PD** ☐ Delete
NAME **MARR, STUART D**
STREET ADDRESS **527 CARIBBEAN BLVD**
CITY-ST-ZIP **KEY LARGO FL**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
KE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01 **305-451-4107**
Date Daytime Phone #

CR2E034 (10/00)

FILED
01 JAN -4 AM 10:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE