

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739139

1. Entity Name

MARINA INN CONDOMINIUM, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90055 040 \*\*\*\*61.25

|  |  |
|--|--|
| Principal Place of Business<br>120 ANCHOR DR<br>KEY LARGO FL 33037<br>US | Mailing Address<br>100 ANCHOR DR<br>STE 476<br>KEY LARGO FL 33037-5277<br>US |
|--|--|

|                                |  |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address<br>120 Anchor Drive |
|--------------------------------|--|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |                               |
|--------------|-------------------------------|
| City & State | City & State<br>Key Largo, FL |
|--------------|-------------------------------|

|     |         |       |         |
|-----|---------|-------|---------|
| Zip | Country | Zip   | Country |
|     |         | 33037 |         |



DO NOT WRITE IN THIS SPACE

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>MOSS, EVELYN<br>100 ANCHOR DR<br>STE 476<br>KEY LARGO FL 33037 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>120 Anchor Drive<br>City<br>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

|                             |  |  |
|-----------------------------|--|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LARSEN, JOHN<br>100 ANCHOR DR 476<br>KEY LARGO FL 33037 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>120 Anchor Drive                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GRAND ASSOCIATES<br>100 ANCHOR DR 476<br>KEY LARGO FL 33037 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>120 Anchor Drive                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | POA<br>MOSS, EVELYN<br>100 ANCHOR DR 476<br>KEY LARGO FL 33037 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>DPOA<br>Moss, Evelyn<br>120 Anchor Drive |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SINCLAIR, AILEEN<br>100 ANCHOR DR 476<br>KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 617, 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 OF EVELYN MOSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

305-367-3232

Date

Daytime Phone #

CR2E037 (9/99)