

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849108

1. Entity Name

MARLBORO INDUSTRIAL PARK, INCORPORATED

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90078 003 \*\*\*150.00

Principal Place of Business

Mailing Address

255 DIESEL RD  
ST AUGUSTINE FL 32086  
US

200 LAURA STREET  
JACKSONVILLE FL 32202-3500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-1710941

Applied For

Not Applicable

Zip

Country

Zip

Country

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

F&L CORP  
200 LAURA STREET  
JACKSONVILLE FL 32202

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUHRS, JOHN H	
STREET ADDRESS	P.O. BOX 1030, ROUTE 441 N/A	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LUHRS, WARREN R	
STREET ADDRESS	P.O. BOX 1030, ROUTE 441 N/A	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DINGLER, BRIAN	
STREET ADDRESS	255 DIESEL RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ASH, RICHARD	
STREET ADDRESS	255 DIESEL ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCOMBER, RICHARD	
STREET ADDRESS	54 SHREWSBURY AVENUE	
CITY-ST-ZIP	RED BANK NJ 07701	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPIRES, CHARLES	
STREET ADDRESS	P.O. BOX 1030 RT 441 N/A	
CITY-ST-ZIP	ALACHUA FL 32615	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

4/18/00

732-842-6500

Date

Daytime Phone #

CR2E034 (9/99)