

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 PM 6:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A96000000325**

1. Entity Name

**MARINER CLUB II, LTD.**

Principal Place of Business

**364 WILMINGTON WEST CHESTER PIKE  
GLENN MILLS PA 19342**

Mailing Address

**215 NORTH EOLA DRIVE  
ORLANDO FL 32802**

2. Principal Place of Business

3. Mailing Address

**301 E. Pine Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1400**

City & State

City & State

**Orlando, FL**

Zip

Country

Zip

Country

**32801**

**USA**

**DUE BY MAY 1, 2002**

4. FEI Number

**23-2836182**

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

**BALLETTA, JAMES ESQUIRE**

**301 EAST PINE STREET, SUITE 1400**

**ORLANDO FL 32801**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$990.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000010868**  
NAME **MARINER CLUB, INC.**  
STREET ADDRESS **364 WILMINGTON WEST CHESTER PIKE**  
CITY-ST-ZIP **GLENN MILLS PA 19342**

STREET ADDRESS

CITY-ST-ZIP

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05/14/02-01075-001

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PART

*[Signature]*  
4/28/02

Cell 558-1500

Date

Daytime Phone #

CR2E003 (9/01)