

2001 UNIFORM BUSINESS REPORT (UBR)

0004588 AF

DOCUMENT # **A99000000158**

1. Entity Name

CONCH HARBOR MARINA ASSOCIATES, LTD.

526.25

FILED

if

Principal Place of Business

**300 ALTON ROAD, SUITE 303
MIAMI BEACH FL 33139**

Mailing Address

**300 ALTON ROAD, SUITE 303
MIAMI BEACH FL 33139**

01 APR -3 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

CONCH HARBOR MARINA

3. Mailing Address

951 Caroline Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Key West, FL

4. FEI Number

65-0888765

Applied For

Not Applicable

Zip

Country

Zip
33040

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHRISTOPH, ROBERT W
300 ALTON ROAD, SUITE 303
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$2,500,000.00

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

DOCUMENT # **P98000095705**
NAME **CONCH HARBOR MARINA, INC.**
STREET ADDRESS **300 ALTON ROAD, SUITE 303**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900003959129--3

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******676.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 PARTNER

ROBERT W. CHRISTOPH 2/14/01 305-672-7576

Date

Daytime Phone #

CR2E003 (11/00)