

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000158

1. Entity Name

CONCH HARBOR MARINA ASSOCIATES, LTD.

Principal Place of Business

CONCH HARBOR MARINA
300 ALTON ROAD, SUITE 303
MIAMI BEACH FL 33139

Mailing Address

951 CAROLINE STREET
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0888765

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

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

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.

DATE

9. Capital Contributions

\$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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

800005024328--8

CITY-ST-ZIP

-02/27/02--01071--018

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/8/02 303-672-5588
Date Daytime Phone #

FILED

02 FEB 13 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E003 (9/01)