

2001 UNIFORM BUSINESS REPORT (UBR)

0018089 AF

DOCUMENT # B000000000009

1. Entity Name

SHALIMAR MARINA, L.P.

Principal Place of Business

100 OLD FERRY ROAD
SHALIMAR FL 32579

Mailing Address

100 OLD FERRY ROAD
SHALIMAR FL 32579

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 798

Suite, Apt. #, etc.

City & State

SHALIMAR, FLORIDA

Zip

32579

Country

USA

4. FEI Number

62-1805066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAXON JR, ROBERT P
100 OLD FERRY ROAD
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

MAXON, ROBERT P. JR

Street Address (P.O. Box Number is Not Acceptable)

13 MEIGS DRIVE

PO Box 798

City

SHALIMAR

FL

Zip Code

32579

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.

\$250,000.00

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 # F0000000366
NAME SHALIMAR MARINA INC
STREET ADDRESS 100 OLD FERRY RD
CITY-ST-ZIP SHALIMAR FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

4000004423454--6

CITY-ST-ZIP

-06/18/01--01007--016

*****88.75 *****88.75

STREET ADDRESS

CITY-ST-ZIP

4000004423454--6

-06/18/01--01007--017

*****437.50 *****437.50

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E003 (11/00)

FILED

01 MAY 21 AM 7:46

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

4/24/01 850-657-0570