

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003229

1. Entity Name

LOBSTER COVE MARKET AND MARINA, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90053 031 ***150.00

Principal Place of Business

Mailing Address

33 RIVER ROAD
GLOUCESTER MA 01930

600 NORTH VICTORIA TERRACE
FORT LAUDERDALE FL 33304-3443
US

611370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 N VICTORIA TER

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUD FL.

City & State

SAME

4. FEI Number

04-2513360

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKHARDT, RICHARD
600 VICTORIA TERR.
FT. LAUDERDALE FL 33304

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

Richard Burkhardt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/2000

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: P
NAME: LORING, CHARLES A III
STREET ADDRESS: 33 RIVER ROAD
CITY-ST-ZIP: GLOUCESTER MA 01930 ☐ Delete

TITLE: VP
NAME: BURKHARDT, RICHARD
STREET ADDRESS: 33 RIVER ROAD
CITY-ST-ZIP: GLOUCESTER MA 01930 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

Richard Burkhardt

Date

Daytime Phone #

1/26/2000 1-954-467-248