

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91486 025 ***150.00

DOCUMENT # F97000005160

1. Entity Name
MARINE PARK G.P., INC.

Principal Place of Business

1250
1000 ABERNATHY ROAD, STE 1000
ATLANTA GA 30328

Mailing Address

1250
1000 ABERNATHY ROAD, STE 1000
ATLANTA GA 30328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2343720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KNOBLER, IGAL
111 NORTH ORANGE AVENUE, STE 2050
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **ALBERT J. HADEED**

Street Address (P.O. Box Number is Not Acceptable)
4 OCEAN VISTA LANE

City **PALM COAST**

FL

Zip Code
32137

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. 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, 2002 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
 NAME **PCD**
JACOBY, JAMES E ☐ Delete
 STREET ADDRESS **1000 ABERNATHY ROAD, STE 1000 1250**
 CITY-ST-ZIP **ATLANTA GA 30328**

TITLE
 NAME **VT**
CULPEPPER, RICHARD T ☐ Delete
 STREET ADDRESS **1000 ABERNATHY ROAD, STE 1000 1250**
 CITY-ST-ZIP **ATLANTA GA 30328**

TITLE
 NAME **S**
JACOBY, MITCHELL B ☐ Delete
 STREET ADDRESS **1000 ABERNATHY ROAD, STE 1000 1250**
 CITY-ST-ZIP **ATLANTA GA 30328**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

(904) 471-1111

Daytime Phone #

CR2E034 (9/01)