

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90061 036 \*\*\*150.00

DOCUMENT # F98000002264

1. Entity Name  
MARINEMAX, INC.

Principal Place of Business  
18167 U.S. HWY. 19 NORTH, STE. 499  
CLEARWATER FL 33764

Mailing Address  
18167 U.S. HWY. 19 NORTH, STE. 499  
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3496957

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~VB~~ ☒ P/D ☐ Delete  
NAME BASSETT, RICHARD R  
STREET ADDRESS 700 S. FEDERAL HWY.  
CITY-ST-ZIP POMPAÑO BEACH FL 33067

TITLE ☐ Change ☒ Addition  
NAME ROBERT KANT  
STREET ADDRESS 18167 US 19 NORTH, SUITE 499  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE DCEO ☐ Delete  
NAME MCGILL, WILLIAM H JR.  
STREET ADDRESS 18167 U.S. HWY. 19 NORTH, STE. 499  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☒ Addition  
NAME STEWART TURLEY  
STREET ADDRESS 18167 US 19 NORTH, SUITE 499  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE AS ☐ Delete  
NAME FRAHN, KURT  
STREET ADDRESS 18167 US HWY 19 N., STE 499  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☒ Addition  
NAME DEAN WOODMAN  
STREET ADDRESS 18167 US 19 NORTH, SUITE 499  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VT/S ☐ Delete  
NAME MCLAMB, MICHAEL H  
STREET ADDRESS 18167 U.S. HWY. 19 NORTH, STE. 499  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☒ Addition  
NAME GERALD BENSTOCK  
STREET ADDRESS 18167 US 19 NORTH, SUITE 499  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE D ☐ Delete  
NAME THOMAS, R. DAVID  
STREET ADDRESS 8131 POST ROAD STE #203  
CITY-ST-ZIP DUBLIN OH 43017

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

TITLE D ☐ Delete  
NAME GRAHAM STOVALL  
STREET ADDRESS 18167 US 19 NORTH, Suite 499  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Change ☐ Addition  
NAME  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt Frahn

2/23/01

Date

(727)531-1700

Daytime Phone #

CR2E034 (10/00)