

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004977

1. Entity Name

MARINEMAX OF BREVARD COUNTY, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90016 033 \*\*\*150.00

Principal Place of Business

1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address

1209 ORANGE STREET  
WILMINGTON DE 19801-1120

2. Principal Place of Business

18167 US HWY 19 NORTH

Suite, Apt. #, etc.

SUITE 499

City & State

CLEARWATER, FL

Zip

33764

Country

USA

3. Mailing Address

18167 US HWY 19 NORTH

Suite, Apt. #, etc.

SUITE 499

City & State

CLEARWATER, FL

Zip

33764

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3529056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

*Kurt M. Frahn* Kurt M. Frahn

2/11/00

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

(NOTE: Registered Agent signature required when reinstalling)

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, 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 PD  
NAME MCGILL, WILLIAM H JR  
STREET ADDRESS 18167 US HIGHWAY 19 NORTH, SUITE 499  
CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

TITLE VS  
NAME MCLAMB, MICHAEL H  
STREET ADDRESS 18167 US HIGHWAY 19 NORTH, SUITE 499  
CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

TITLE ~~TAS~~  
NAME ~~BAHR, LESLIE~~  
STREET ADDRESS ~~18167 US HIGHWAY 19 NORTH, SUITE 499~~  
CITY-ST-ZIP ~~CLEARWATER FL 33764~~ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS  
NAME KURT FRAHN  
STREET ADDRESS 18167 US HWY 19 NORTH, STE 499  
CITY-ST-ZIP CLEARWATER, FL 33764 ☐ Change ☒ Addition

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
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:

*Kurt M. Frahn* Kurt M. Frahn

2/11/00

(727) 531-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)