2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9900000551 Mar 01, 2000 8:00 am Secretary of State CALOOSA COVE MARINA, INC. 03-01-2000 90076 021 ***150.00 Principal Place of Business Mailing Address 3225-32ND ST., SE 3225-32ND ST., SE GRAND RAPIDS MI 49512 GRAND RAPIDS MI 49512-1870 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 38-3429652 Not Applicable Zip Country Zip Country \$8.75 Additional-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASSE LL Number is Not Acceptable) BECKMEYER, KARL ESQ. BECKMEYER & MULICK 81990 OVERSEAS HWY., STE. 201 ISLAMORADA FL 33036 Zio Code 33036 SLA MORADA 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE Delete TITLE TASSELL, LESLIE E NAME NAME STREET ADDRESS 3225-32ND ST., SE STREET ADDRESS CITY-ST-ZIP **GRAND RAPIDS MI 49512** CITY-ST-7IP ☐ Addition Delete TITLE Change TITLE WISNER, THOMAS A NAME 3225-32ND ST., SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GRAND RAPIDS MI 49512** CITY-ST-ZIP ☐ Addition □ Change -TITLE ☐ Delete WISNER, JOYCE S NAME NAME 3225-32ND ST., SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GRAND RAPIDS MI 49512** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE BOTTRALL, DAVID C NAME NAME STREET ADDRESS STREET ADORESS 3225-32ND ST., SE CITY-ST-ZIP CITY-ST-ZIP **GRAND RAPIDS MI 49512** TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Date

Date