

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90164 032 \*\*\*150.00

DOCUMENT # F99000000551

1. Entity Name

CALOOSA COVE MARINA, INC.

Principal Place of Business

3225-32ND ST., SE  
GRAND RAPIDS MI 49512

Mailing Address

3225-32ND ST., SE  
GRAND RAPIDS MI 49512

2. Principal Place of Business

73501 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

3145 SHAFER ROAD S.E.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ISLAMORADA, FLORIDA

City & State

KENTWOOD, MICHIGAN

4. FEI Number

38-3429652

Applied For

Not Applicable

Zip

33036

Country USA

~~MICHIGAN~~

Zip

49512

Country

USA

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

TASSELL, LESLIE E  
73801 OVERSEAS HWY  
ISLAMORADA FL 33036

Name

TASSELL, LESLIE E.

Street Address (P.O. Box Number is Not Acceptable)

C/O CALOOSA COVE MARINA, Incorporated

73501 OVERSEAS HIGHWAY

City

ISLAMORADA

FL

Zip Code

33036

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

*Leslie E. Tassell*

4-30-01

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	CP	<input type="checkbox"/> Delete
NAME	TASSELL, LESLIE E	
STREET ADDRESS	3225-32ND ST., SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49512	
TITLE	V	<input type="checkbox"/> Delete
NAME	WISNER, THOMAS A	
STREET ADDRESS	3225-32ND ST., SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49512	
TITLE	S	<input type="checkbox"/> Delete
NAME	WISNER, JOYCE S	
STREET ADDRESS	3225-32ND ST., SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49512	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOTTRALL, DAVID C	
STREET ADDRESS	3225-32ND ST., SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49512	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CPB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSELL, LESLIE E.	
STREET ADDRESS	3145 SHAFER ROAD S.E.	
CITY-ST-ZIP	KENTWOOD, MI 49512	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISNER, THOMAS A.	
STREET ADDRESS	3145 SHAFER ROAD S.E.	
CITY-ST-ZIP	GRAND RAPIDS, MI. 49512	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISNER, JOYCE S.	
STREET ADDRESS	<del>3225</del> 3145 SHAFER ROAD S.E.	
CITY-ST-ZIP	GRAND RAPIDS, MI. 49512	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTRALL, DAVID C.	
STREET ADDRESS	3145 SHAFER ROAD S.E.	
CITY-ST-ZIP	GRAND RAPIDS, MI. 49512	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Leslie E. Tassell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

616-94912

Daytime Phone #

676-2570

CR2E034 (10/00)