

2000 UNIFORM BUSINESS REPORT (UBR)

3/26

FILED
May 11, 2000 8:00 am
Secretary of State

03-24-2000 90081 038 ***150.00

DOCUMENT # G08052

1. Entity Name

RIVERFRONT MARINA, INC.

Principal Place of Business

420 S.W. 3 AVENUE
 FT LAUDERDALE FL 33315
 US

Mailing Address

420 S.W. 3 AVENUE
 FT LAUDERDALE FL 33315-1002
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2271885

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

JACKSON, DAVID H
 420 SE 17TH AVENUE
 FT LAUDERDALE FL 33301

Name Lawrence E. Heyworth

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

420 SW 3 AVE.

City Ft. Lauderdale

FL

Zip Code 33315

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.

Lawrence E. Heyworth

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VP	HEYWORTH, LAWRENCE		
1114 SE 9 STREET			
FORT LAUDERDALE FL			
PT	JACKSON, CONSTANCE		
420 SE 17TH AVE			
FORT LAUDERDALE FL			

3. 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

3/21/00

Date

954-587-1829

Daytime Phone #

CR2E034 (9/99)