

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G31862

1. Entity Name

MARCO BEACH RENTALS, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90100 032 \*\*\*150.00

Principal Place of Business 1000 N COLLIER BLVD MARCO ISLAND FL 34145 US	Mailing Address 900 N COLLIER BLVD MARCO ISLAND FL 34145-2741 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		59-2780482		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANTARAMIAN, JACK J. 900 N. COLLIER BLVD. MARCO ISLAND FL 34145		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	NASSIF, DAVID	NAME	
STREET ADDRESS	51 SCOTCH PINE RD.	STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	CITY-ST-ZIP	
TITLE	PTD	TITLE	
NAME	ANTARAMIAN, JACK	NAME	
STREET ADDRESS	3725 FT. CHARLES DR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	SCHULKIN, MARTIN B.	NAME	
STREET ADDRESS	23 COUNTRY DR.	STREET ADDRESS	
CITY-ST-ZIP	WESTON MA	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	KORCOUREK, DAVID A.	NAME	
STREET ADDRESS	1170 CARA CT.	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	MALLOY, WILLIAM T.	NAME	
STREET ADDRESS	776 EAGLE CREEK DR #301	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	PROPHET, JUNE	NAME	
STREET ADDRESS	299 EDGEWATER CT	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	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: William T. Malloy, Vice Pres. *William T. Malloy* 12/25/2000 941 394-2505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)