

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G40705

1. Entity Name

MARINA ISLES DEVELOPMENT CORP.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90119 013 ***150.00

Principal Place of Business

**409 PALM SPRINGS BLVD
 INDIAN HARBOUR BEACH FL 32937
 US**

Mailing Address

**409 PALM SPRINGS BLVD
 SATELLITE BEACH FL 32937-2645
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2293188

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORMILE, JR H C
 1499 SO HARBOR CITY BLVD
 SUITE 303
 MELBOURNE FL 32901**

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

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, 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

TITLE Delete
 NAME **D**
MCGUIRE, VERONICA
 STREET ADDRESS **10 MARINA ISLES BLVD**
 CITY-ST-ZIP **INDIAN HARBOUR BH FL 32937**

TITLE Change Addition
 NAME **TRES, D**
STEVEN L. Poorbaugh
 STREET ADDRESS **333 NAUTICA CT**
 CITY-ST-ZIP **INDIAN HARBOUR Bch, FL 32937**

TITLE Delete
 NAME **PTD**
PERSON, ARTHUR B.
 STREET ADDRESS **1406 SO RIVERSIDE DR**
 CITY-ST-ZIP **INDIATLANTIC FL 32903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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:

Steven L. Poorbaugh

STEVEN L. POORBAUGH, TREAS 3-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

327-777-5695

CR2E034 (9/99)