

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G40705

1. Entity Name

MARINA ISLES DEVELOPMENT CORP.

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

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
STREET ADDRESS MCGUIRE, VERONICA
CITY-ST-ZIP 10 MARINA ISLES BLVD
INDIAN HARBOUR BH FL 32937

TITLE ☐ Change ☒ Addition
NAME TRCS, D
STREET ADDRESS STEVEN L. POORBAUGH
CITY-ST-ZIP 333 NAUTICA CT
INDIAN HARBOUR Bch, FL 32937

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN L. POORBAUGH, TREAS 3-3000

Date

Daytime Phone #

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

04-03-2000 90119 013 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)