

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90082 021 \*\*\*150.00

DOCUMENT # **G48164**

1. Entity Name

**MARINER CAPITAL MANAGEMENT, INC.**

Principal Place of Business

**12800 UNIVERSITY DR**  
**STE 260**  
**FT MYERS FL 33907**  
**US**

Mailing Address

**12800 UNIVERSITY DR**  
**STE 260**  
**FT MYERS FL 33907**  
**US**

2. Principal Place of Business

**13451 McGregor Blvd.**

3. Mailing Address

**13451 McGregor Blvd.**

Suite, Apt. #, etc.

**Suite 27**

Suite, Apt. #, etc.

**Suite 27**

City &amp; State

**Fort Myers, FL**

City &amp; State

**Fort Myers, FL**

4. FEI Number

**59-2337910**

Applied For

Not Applicable

Zip

**33919**

Country

**Lee**

Zip

**33919**

Country

**Lee**5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**TENBROEK, ALLEN G**  
**12800 UNIVERSITY DR**  
**STE 260**  
**FT MYERS FL 33907**

## 7. Name and Address of New Registered Agent

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, 2002 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

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, R M</b>	
STREET ADDRESS	<b>12800 UNIVERSITY DR., SUITE 260</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33907</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>SUSZEK, LINDA M</b>	
STREET ADDRESS	<b>12800 UNIVERSITY DR., SUITE 260</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33907</b>	
TITLE	<b>PCD</b>	<input type="checkbox"/> Delete
NAME	<b>TENBROEK, ALLEN G</b>	
STREET ADDRESS	<b>11496 OSPREY LANDING WAY</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>13451 McGregor Blvd., Suite 27</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>13451 McGregor Blvd., Suite 27</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>13451 McGregor Blvd., Suite 27</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>	
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		
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: **Allen G. Tenbroek**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/02****941-481-2011**

Date

Daytime Phone #

CR2E034 (9/01)