## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H78575** May 08, 2000 8:00 am 1. Entity Name Secretary of State ACOSTA CREEK MARINA & BOATWORKS, INC. 05-08-2000 90039 041 \*\*\*150.00 Principal Place of Business Mailing Address HWY #309 ACOSTA CREEK P O BOX 1025 WELAKA FL 32193 WELAKA FL 32193-1025 2. Principal Place of Business Mailing Address 546 Ria DO NOT WRITE IN THIS SPACE \_v To wa Applied For 4. FEI Number City & State 59-2596967 Not Applicable Zip Country \$8.75 Additional . 🗆 5. Certificate of Status Desired Fee Required 3211 olusia Volusia 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Mousles JEORGE NO DEMOUSTES, GEORGENA B Street Address (P.O. Box Number is Not Acceptable) HWY 309/ ACOSTA CREEK DR P O BOX 1025 ona Bea WELAKA FL 32193 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 DeMoustes 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPTS** TITLE TITLE ☐ Delete DEMOUSTES, GEORGENA B. NAME NAME 546 Rio Vista Aud 126 ACOSTA CREEK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP F1. 32114 CITY-ST-7IP WELAKA FL Change Addition TITLE TITLE ☐ Delete Demoustes Matthew B. 546 Rio Vista Ave DEMOUSTES, MATTHEW B. NAME NAME 126 ACOSTA CREEK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELAKA FL -- Change - 🔲 Addition ☐ Delete ~ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS ·CITY÷ST÷ZIP ĊĬĬŶŗSŤ-ZĬŔ ☐ Addition TITLE NAME 🕏 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

\*\*Democratical Control of the corporation of 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\*\*

\*\*Provided Statutes\*\*

\*\*Provided

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO