**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 24, 2001 8:00 am Secretary of State DOCUMENT # H87598 1. Entity Name 07-24-2001 90011 019 \*\*\*150.00 SOMBRERO RESORT & MARINA, INC. Principal Place of Business Mailing Address 91101 E 1324 COCO PLUM RD. 1324 COCO PLUM RD. P.O. BOX 3387 P.O. BOX 3387 MARATHON SHORES FL 33052 MARATHON SHORES FL 33052 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEMARAS, VICTOR Street Address (P.O. Box Number is Not Acceptable) 1324 COCO PLUM RD. MARATHON FL 33050 City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (5/01) TITLE PDT ☐ Delete TITLE ☐ Change ☐ Addition DEMARAS, VICTOR STREET ADDRESS 1324 COCO PLUM RD. STREET ADDRESS CITY-ST-ZIP MARATHON FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE DEMARAS, SUE STREET ADDRESS STREET ADDRESS 1324 COCO PLUM DR CITY-ST-ZIP CITY-ST-7IP MARATHON FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DEMARAS, PETER STREET ADDRESS STREET ADDRESS 1260 52ND STREET, GULF CITY-ST-ZIP MARATHON FL CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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:



July 17,-2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
(Tallahassee, FL 32302-1500)

Dear Uniform Business Department:

We feel confident that these two corporation report requests: Sombrero Resort and Marina, Inc. H87598 and Sombrero Marina, Inc. J13177 were not received in our office.

-We did  $\bar{not}$  receive the report request for Sombrero Resort Condominium Association and hand wrote a form in order to pay without penalty. (See copy enclosed.)

Please review your files and consider our request that you do not charge us a late fee.

Sincerely,

Victor Demaras

