

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J21993

1. Entity Name

MARATHON H.M.A., INC.

Principal Place of Business

5811 PELICAN BAY BLVD  
S500  
NAPLES FL 34108  
US

Mailing Address

5811 PELICAN BAY BLVD  
S500  
NAPLES FL 34108-2752  
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

59-2691110

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	SCHOEN, WILLIAM J.	5811 PELICAN BAY BLVD	NAPLES FL	<input type="checkbox"/>
DSV	PARRY, TIMOTHY R	5811 PELICAN BAY BLVD, STE 500	NAPLES FL	<input type="checkbox"/>
VTD	RAY, STEPHEN M	5811 PELICAN BAY BLVD., STE. 500	NAPLES FL	<input type="checkbox"/>
P	VUMBACCO, JOSEPH V	5811 PELICAN BAY BLVD., STE. 500	NAPLES FL 34108	<input type="checkbox"/>
VC	HOLLAND, EARL	5811 PELICAN BAY BLVD., STE. 500	NAPLES FL 34108	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Timothy R. Parry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy R. Parry

4/15/00

Date

(941) 598-3051

Daytime Phone #

CR2E034 (9/99)