

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J28818

1. Entity Name

SPANISH RIVER OWNER SERVICES, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90115 030 \*\*\*150.00

Principal Place of Business

Mailing Address

1111 EAST ATLANTIC AVE.  
PO BOX 3024  
DELRAY BEACH FL 33447  
US

~~1111 EAST ATLANTIC AVE.~~  
PO BOX 3024  
DELRAY BEACH FL 33447-3024  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 3024

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY Bch FL

Zip

Country

Zip

Country

33447

US

4. FEI Number

59-2708491

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

MARSHALL, BARBARA MCM

~~1111 EAST ATLANTIC AVE~~

DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

1423 N. SWINTON AVE

City

DELRAY BEACH FL

Zip Code

33444

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 PST  
NAME MARSHALL, JAMES F.  
STREET ADDRESS 1423 N. SWINTON AVE.  
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

1-14.00 561 243 7946

Date

Daytime Phone #

CR2E034 (9/99)