

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J28818

FILED  
Aug 12, 2002  
Secretary of State

**Entity Name:** SPANISH RIVER OWNER SERVICES, INC.

**Current Principal Place of Business:**

1045 E ATLANTIC AVENUE  
PO BOX 3024  
DELRAY BEACH, FL 33447 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3024  
DELRAY BEACH, FL 33447 US

**New Mailing Address:**

**FEI Number:** 59-2708491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARSHALL, BARBARA MCM  
1423 N SWINTON AVE  
DELRAY BEACH, FL 33444

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: MARSHALL, JAMES F.,  
Address: 1423 N. SWINTON AVE.  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F. MARSHALL

PST

08/12/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date