

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State
 06-07-2001 90192 011 ***150.00

0491866

DOCUMENT # J86063

1. Entity Name

ISLAND MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

% ROBERT K. MILLER
2975 OVERSEAS HWY
MARATHON FL 33050

Mailing Address

% ROBERT K. MILLER
2975 OVERSEAS HWY
MARATHON FL 33050

ADVERTISING



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2841834**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLER, ROBERT K.
2975 OVERSEAS HWY
MARATHON FL 33050

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, 2001 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 **DP** ☐ Delete
 NAME **SPOLZINO, RICHARD L.**
 STREET ADDRESS **3741 EAST LAKE ESTATES DR**
 CITY-ST-ZIP **DAVIE FL 33328**

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

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 empower.

SIGNATURE:

RICHARD L. SPOLZINO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/01
 Date

(954) 423-8352
 Daytime Phone *

CR2E034 (10/00)

Attachment
D#J86063
A0072841

June 4, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

I am writing you to request relief on the late payment fee for my 2001 Uniform Business Report filing. I was involved in a head on collision on December the 12th 2000, and have been occupied mentally and physically for the past several months with the results of that accident.

I am sorry this issue got away from me and plead you will understand. Enclosed is the filing with the \$150.00 filing fee.

Thank you



Richard L. Spolzino
President
Island Management Associates, Inc.
3741 East Lake Estates Drive
Davie, Florida 33328