

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 03, 2001 8:00 am
Secretary of State

07-03-2001 90002 035 ***550.00

0327500

DOCUMENT # J89492

1. Entity Name

INTERNATIONAL MARINA REALTY, INC.

Principal Place of Business

1801 S. FEDERAL HWY
202
DELRAY BEACH FL 33483
US

Mailing Address

1801 S. FEDERAL HWY
202
DELRAY BEACH FL 33483
US**80059466**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0029728**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOLBERT, JAMES
251 SHERWOOD FOREST DR
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name **JAMES WOOLBERT**
Street Address (P.O. Box Number is Not Acceptable)
2130 S. TROPICAL TRAIL
City **MERRITT ISLAND** FL Zip Code **32952**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|------------------------|-----------------|---------------------------------|
| P | WOOLBERT, JAMES | 251 SHERWOOD FOREST DR | DELRAY BEACH FL | <input type="checkbox"/> |
| VP | WOOLBERT, BERNICE E. | 251 SHERWOOD FOREST DR | DELRAY BEACH FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|------------------------|--------------------------|-------------------------------------|-----------------------------------|
| P | WOOLBERT JAMES | 2130 S. TROPICAL TRAIL | MERRITT ISLAND, FL 32952 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VP | WOOLBERT BERNICE E. | 2130 S. TROPICAL TRAIL | MERRITT ISLAND, FL 32952 | <input checked="" 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:

JAMES A. WOOLBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**27 JUN 2001 321-452-1698**
Date Daytime Phone #

CR2E034 (10/00)