2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44351 1. Entity Name

FILED
May 16, 2001 8:00 am
Secretary of State

YACHT CLUB OF MARCO CORPORATION						05-16-2001 90196 025 ***150.00				
STE 201 Naples FL 34102		Mailing Address 365 5TH AVE SO STE 201 NAPLES FL 34102 US				0 0 0 0 7 0				
2. Principal F	Place of Business	3. Mailing Address c/o David Nassif (if Co.					
Suite, Apt. #, etc.		195 Worcester Street Suite, Apt. #, etc. Suite 301				DO NOT WRITE IN THIS SPACE				
City & State		City & State Wellesley Hills, MA			4.	4. FEI Number 65-0086235 Applied For Not Applicable				
Zip	Country	Zip	Count	try	5.	Certificate of	Status Desired		8.75 Add	ditional
<u></u>	6. Name and Address of Current F	02481 Registered Agent	LU	SA	7.	Name and Ac	dress of New			
				Name						
	aramian, jack j. 5th ave so ste 201			Street Address (P.O. Box Number is Not Acceptable)						
SUIT Napi	E 6 .ES FL 34102		ļ			**		 -		-
				City				FL	Zip Cod	e
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent ar						in the State of F	lorida.		
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	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 \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CH	IANGES TO OF	FICERS AND (DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTARAMIAN, JACK J 365 5TH AVE SO STE 201 NAPLES FL 34102	☐ Delete		1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC WEINSTEIN, ROBERT W 125 SUMMER ST. BOSTON MA 02110	□ Delete							☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip	TD NASSIF, DAVID E 365 5TH AVE S, STE #201 NAPLES FL 34102	☐ Delete		T ADDRESS			Street-	Suite 3	Change	Addition
TITLE Name Street address City-St-Zip		☐ Delete			-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE					-	☐ Change	Addition

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.