

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State
 04-11-2000 90007 032 ***150.00

DOCUMENT # K51879

1. Entity Name

PORT COVE MAINLAND MARINA, INC.

Principal Place of Business

Mailing Address

~~1050 LUGO DR.~~ **110 GEORGETOWN**
~~CORAL GABLES FL 33156~~ **LAUDING RD.**
~~US~~ **Georgetown, FL**
32139

~~1050 LUGO AVE.~~
~~CORAL GABLES FL 33156-6325~~
~~US~~

2. Principal Place of Business

3. Mailing Address

110 GEORGETOWN LAUDING RD.
 Suite, Apt. #, etc.
GEORGETOWN FL

14631 SW 87 PL
 Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip
32139

Country
Pt. Rico

Zip
33176-8022

Country
DOCK

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOGER, ROBERT A.
~~1050 LUGO AVE.~~
~~CORAL GABLES FL 33156~~

Name

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

14631 SW 87 PL

City

Miami

FL

Zip Code
33176-8022

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)

3/29/2000
 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 **PSD** ☐ Delete
 NAME **KOGER, ROBERT A.**
 STREET ADDRESS **1050 LUGO AVE.**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PRES.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **14631 SW 87 PL**
 CITY-ST-ZIP **Miami FL 33176-8022**

TITLE **SD** ☐ Delete
 NAME **KOGER, ROBERT A.**
 STREET ADDRESS **1050 LUGO AVE.**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **SECRETARY** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **14631 SW 87 PL**
 CITY-ST-ZIP **Miami FL 33176-8022**

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
 NAME **TREBOR MEYER**
 STREET ADDRESS **6140 SW 78 ST.**
 CITY-ST-ZIP **So. Miami FL 33143**

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
 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

3/29/2000 **305-666-1103**
 Date Daytime Phone #

CR2E034 (9/99)