

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

06-05-2001 90027 027 \*\*\*550.00

**DOCUMENT # K68964**

1. Entity Name

**MARR BAYSIDE RESORTS, INC.**

Principal Place of Business

P.O. BOX 1050  
 KEY LARGO FL 33037-1050

Mailing Address

P.O. BOX 1050  
 KEY LARGO FL 33037-1050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0120325**

Applied For

Not Applicable

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

**MARR, SCOTT A.**  
**527 CARIBBEAU DRIVE**  
**KEY LARGO FL 33037**

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.

(NOT

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!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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 **PD** ☐ Delete  
 NAME **MARR, SCOTT A.**  
 STREET ADDRESS **496 CARIBBEAN DR.**  
 CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete  
 NAME **MARR, CHESTER S.**  
 STREET ADDRESS **496 CARIBBEAN DR.**  
 CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete  
 NAME **MARR, STUART D.**  
 STREET ADDRESS **527 CARIBBEAN DR.**  
 CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for  
 indicated on this report or supplemental report is true and accurate and that I  
 of the corporation or the receiver or trustee empowered to execute this report  
 changed, or on an attachment with an address, with all other like empowered.

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
 y signature shall have the same legal effect as if made under oath; that I am an officer or director  
 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: R DIRECTOR

Date

Daytime Phone #

**S/31/01** **305-451-4450**

CR2E034 (10/00)