

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005962

1. Entity Name  
GULF POINTE MARINA, LLC

FILED

01 MAY 23 AM 7:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
100 OLD FERRY ROAD, BOX 189  
SHALIMAR FL 32579

Mailing Address  
100 OLD FERRY ROAD, BOX 189  
SHALIMAR FL 32579



2. Principal Place of Business

3. Mailing Address  
PO Box 798

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
SHALIMAR, FLORIDA

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip  
32579

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAXON, ROBERT P JR.  
100 OLD FERRY ROAD  
SHALIMAR FL 32579

Name  
MAXON, ROBERT P. JR

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

13 MEIGS DRIVE  
PO Box 798

City  
SHALIMAR

FL

Zip Code  
32579

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  
4/24/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200004424042-0  
-06/18/01--01033--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
member - SHALIMAR MARINA, L.P.  
MANAGER - SHALIMAR MARINA, INC  
100 Old Ferry Road  
SHALIMAR, FL 32579

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01

850-687-0570

Date

Daytime Phone #

CR2E083 (11/00)