

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06412

1. Entity Name

HOLIDAY HARBOR MARINA AND TRAILER PARK, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90091 035 \*\*\*150.00

Principal Place of Business

Mailing Address

624 TERN POINT CIRCLE  
BOCA RATON FL 33431-5241  
US

C/O PATRICIA CIASULLI  
624 TERN POINT CIRCLE  
BOCA RATON FL 33431-5241  
US

00020466



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3638 S. Ocean Blvd

3. Mailing Address

3638 S. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Highland Beach, FL

City & State

Highland Beach, FL

4. FEI Number

65-0178639

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

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

CIASULLI, PATRICIA  
624 TERN POINT CIRCLE  
BOCA RATON FL 33431

Name

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

3638 S. Ocean Blvd

City Highland Beach

FL

Zip Code

33487

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

*Patricia Ciasulli*

2/22/01

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVS	<input type="checkbox"/> Delete
NAME	CIASULLI, PATRICIA	
STREET ADDRESS	624 TERN POINT CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CIASULLI, PATRICIA	
STREET ADDRESS	624 TERN POINT CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3638 S. Ocean Blvd
CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3638 S. Ocean Blvd
CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*Patricia Ciasulli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

Date

(561) 330-6239

Daytime Phone #

CR2E034 (10/00)