

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90020 038 ***150.00

DOCUMENT # L06722

1. Entity Name

PIRATE'S COVE RESORT, INC.

Principal Place of Business

**4307 S.E. BAYVIEW ST
 STUART FL 34997
 US**

Mailing Address

**4307 SE BAYVIEW ST
 STUART FL 34997
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2966502

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KOPELOWITZ, HARVEY
 7251 WEST PALMETTO PARK ROAD., #301
 BOCA RATON FL 33433**

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.

(NOTE: 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!!! FEE IS \$150.00
 After May 1, 2002 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 **DP** ☒ Delete
 NAME **SUNAMURA, YASUhide**
 STREET ADDRESS **SANPHO TRADING 169-1**
 CITY-ST-ZIP **YOKOHAMA, JAPAN**

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

TITLE **D** ☒ Delete
 NAME **CONNOLLY, MICHAEL J.**
 STREET ADDRESS **C/O ISC MARINE GROUP, RT 139, P.O. BOX 338**
 CITY-ST-ZIP **GREEN HARBOR MA**

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

TITLE **VS** ☐ Delete
 NAME **GUERTIN, GARY W.**
 STREET ADDRESS **4276 SE PALMETTO ST.**
 CITY-ST-ZIP **STUART FL**

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

TITLE **T** ☐ Delete
 NAME **SURRARRER, SHARON**
 STREET ADDRESS **C/O CLARIDGE HOTEL, 1244 N DEARBORN PKWY**
 CITY-ST-ZIP **CHICAGO IL 60610**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **SHARON SURRARRER-LENZ**
 STREET ADDRESS **4048C N. CLARK ST**
 CITY-ST-ZIP **CHICAGO, IL 60613**

TITLE **DV** ☒ Delete
 NAME **SOBATA, KATSUHIRO**
 STREET ADDRESS **169-1 KARIBA-CHO HODOGYA-KU**
 CITY-ST-ZIP **YOKOHAMA JA**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **YOSHIO HATTORI**
 STREET ADDRESS **1-8-5 KAMICHUJO**
 CITY-ST-ZIP **IBARAKI, OSAKA, JAPAN 567-0881**

TITLE **D** ☐ Delete
 NAME **IJIMA, HIDETAKA**
 STREET ADDRESS **900 N ARLINGTON HEIGHTS RD, SUITE 300**
 CITY-ST-ZIP **TIASCA IL 60143**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **HIDETAKA IJIMA**
 STREET ADDRESS **155 N. HARBOR DRIVE, APT-1611**
 CITY-ST-ZIP **CHICAGO, IL 60601**

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

GARY W GUERTIN 4/15/2002

Date

Daytime Phone #

CR2E034 (9/01)