

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90647 023 ***158.75

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V/D ☒ Change ☐ Addition
NAME **Gary W. Guertin**
STREET ADDRESS **4276 SE Palmetto St.**
CITY-ST-ZIP **Stuart, Florida 34997**

TITLE T ☒ Delete
NAME **LENSNER, SHARON S**
STREET ADDRESS **4048C N. CLARK ST**
CITY-ST-ZIP **CHICAGO IL 60613**

TITLE T/D ☐ Change ☒ Addition
NAME **Robin L. Meehan**
STREET ADDRESS **2924 SE Morningside Blvd**
CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE VP ☒ Delete
NAME **HATTORI, YOSHIO**
STREET ADDRESS **1-8-5 KAMICHUJO**
CITY-ST-ZIP **IBARAKI, OSAKA, JAPAN 567-0-81**

TITLE S/D ☐ Change ☒ Addition
NAME **Maureen Hanlon**
STREET ADDRESS **112 Wentworth St.**
CITY-ST-ZIP **Dedham, Mass. 02026**

TITLE P ☐ Delete
NAME **IJIMA, HIDETAKA**
STREET ADDRESS **155 N. HARBOR DRIVE, APT-1611**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE P/D ☒ Change ☐ Addition
NAME **Hidetaka Iijima**
STREET ADDRESS **155 N. Harbor Drive, Apt 1611**
CITY-ST-ZIP **Chicago, Illinois 60601**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robin L. Meehan* **Robin L. Meehan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

(772)287-2358

Date

Daytime Phone #

CR2E034 (10/02)