

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91161 020 \*\*\*150.00

**DOCUMENT #** L12734

**1. Entity Name**

MARINER SOUTH DEVELOPMENT CORPORATION

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

365 5TH AVE. S

Suite, Apt. #, etc.

SUITE 201

City & State

NAPLES, FL

Zip

34102

Country

U.S.A.

**3. Mailing Address** c/o David Nassif Co.

195 WORCESTER ST.

Suite, Apt. #, etc.

SUITE 301

City & State

WELLESLEY HILLS, MA

Zip

02481

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

58-1860266

Applied For

Not Applicable

**5. Certificate of Status Desired \*** ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

ANTARAMIAN, JACK J.

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

365 5TH AVE S., SUITE 201

City

NAPLES

FL

Zip

34102

**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) ☐

January 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE	DPT
NAME	ANTARAMIAN, JACK J.
STREET ADDRESS	365 5TH AVE. S., STE #201
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	S
NAME	WEINSTEIN, ROBERT W.
STREET ADDRESS	125 SUMMER ST.
CITY- ST- ZIP	BOSTON, MA 02110
TITLE	VD
NAME	NASSIF, DAVID E.
STREET ADDRESS	195 WORCESTER ST., STE #301
CITY- ST- ZIP	WELLESLEY HILLS, MA 02481
TITLE	
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CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*David E. Nassif*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David E. Nassif

4-25-02

781-431-1030

Date

Daytime Phone #

CR2E034B (12/01)