

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50124(1)

1. Entity Name
Island Marina Inc.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90049 003 ***150.00

Principal Place of Business Mailing Address
P.O. Box 366879 P.O. Box 366879
Bonita Springs, FL 34135 Bonita Springs, FL 34135

820048

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **36-3716584**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Johnson, Kenneth
3194 E. Tamiami Trail
Naples, FL 33394

7. Name and Address of New Registered Agent

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 _____ (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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	McArdle, David A.	
STREET ADDRESS	4051 E. Main Street	
CITY-ST-ZIP	St. Charles, IL 60174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Kelly, Thomas J.	
STREET ADDRESS	1600 E. Main Street Ste. B	
CITY-ST-ZIP	St. Charles, IL 60174	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Crawford, J. Stephen	
STREET ADDRESS	5129 Castello Drive. Ste. 2	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	V	<input type="checkbox"/> Delete
NAME	Lane, Michael	
STREET ADDRESS	24890 Burnt Place. Ste. 6-9	
CITY-ST-ZIP	Bonita Springs, FL 34136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Kelly, Secretary 2/29/00 630-584-6580

Date Daytime Phone #

CR2E034 (9/99)