

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000042

1. Entity Name

MARINA POINT DEVELOPMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 14 AM 10:02

Principal Place of Business

641 SOUTH BEACH STREET
DAYTONA BEACH FL 32114

Mailing Address

641 SOUTH BEACH STREET
DAYTONA BEACH FL 32114

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

641 S. Beach Street

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3421749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LOUCKS, WILLIAM E
641 SOUTH BEACH STREET
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name William E. Loucks
Street Address (P.O. Box Number is Not Acceptable)
444 Seabreeze Blvd., Suite 900
City Daytona Beach FL Zip Code 32118

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

William E. Loucks

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-12-10

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MURRAY, MICHAEL E ☒ Delete
STREET ADDRESS 641 SOUTH BEACH STREET
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE MGR
NAME ZISLER, GUNTER J ☐ Delete
STREET ADDRESS 641 SOUTH BEACH STREET
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Mgr.
NAME Janice Meyers ☐ Change ☒ Addition
STREET ADDRESS 641 S. Beach St.
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE
NAME 000003399320--5
STREET ADDRESS -09/20/00--01058--009
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Signature of Manager 9/17/00 508-229-2488

CR2E083 (5/00)