

REINSTATEMENT
2000 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

01 MAR 29 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000042

1. Entity Name

MARINA POINT DEVELOPMENT, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

444 Seabreeze Blvd.

3. Mailing Address

P.O. Box 15200

Suite, Apt. #, etc.

#900

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

59-3421749

Applied For

Not Applicable

Zip

Country

32118

Zip

Country

32115

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

2000-
2001

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

3/27/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Manager
Guenter J. Zisler
444 Seabreeze Blvd., #900
Daytona Beach, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Manager
Janice Meyers
444 Seabreeze Blvd., #900
Daytona Beach, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003931933--7
-03/30/01--01079--031
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

3/28/01

Date

508-229-2488

Daytime Phone #

CR2E083 (1/99)