

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003664

1. Entity Name

PALM HARBOR MARINA, LLC

FILED

00 JAN 21 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2900 HARTLEY ROAD  
JACKSONVILLE FL 32257

Mailing Address

2900 HARTLEY ROAD  
JACKSONVILLE FL 32257-8221

2. Principal Place of Business

14603 BEACH BLVD.

3. Mailing Address

14603 BEACH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3586166

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

FOSTER, RONALD H SR  
2900 HARTLEY ROAD  
JACKSONVILLE FL 32257

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
FOSTER, RONALD H SR  
STREET ADDRESS 2900 HARTLEY ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME M  
DAVID LYNN  
STREET ADDRESS 14603 BEACH BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32250 ☐ Change ☒ Addition

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003117804--5  
CITY-ST-ZIP -02/01/00--01041--003  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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 #