# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000678

FILED
01 MAY 11 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
FC MARINA, LLC

Principal Place of Business
3470 CLUB CENTER BLVD.
NAPLES FL 34114-0816

Mailing Address
3470 CLUB CENTER BLVD.
NAPLES FL 34114-0816

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3200 Tamiami Trail N. | 3200 Tamiami Trail N. |
| Suite, Apt. #, etc.: Suite 200 | Suite, Apt. #, etc.: Suite 200 |
| City & State: Naples, FL | City & State: Naples, FL |
| Zip: 34103 / Country: | Zip: 34103 / Country: |

4. FEI Number — ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WOODWARD, MARK J<br>801 LAUREL OAK DRIVE<br>SUITE 710<br>NAPLES FL 34108 | Name:<br>Street Address (P.O. Box Number is Not Acceptable): 3200 Tamiami Trail N., Suite 200<br>City: Naples FL Zip Code: 34103 |

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 | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Fiddler's Creek, LLC<br>a Delaware LLC<br>3470 Club Center Blvd.<br>Naples, FL 34114<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>FERRAO, AUBREY J<br>3470 CLUB CENTER BLVD<br>NAPLES, FL 34114<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>200004376932--0<br>-06/08/01--01014--003<br>*****55.00 *****55.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #