2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am § Secretary of State DOCUMENT # N0000006128 05-28-2002 91619 048 ****61.25 MARATHON ENVIRONMENTAL ASSOCIATION, INC. Principal Place of Business Mailing Address 737 24TH STREET OCEAN PLANTATION ENVIRONMENT ASSOC 0.0100MARATHON FL 33050 PO BOX 500446 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1037803 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent Name MILLER, ROBERT K Street Address (P.O. Box Number is Not Acceptable) 2975 OVERSEAS HIGHWAY MARATHON FL 33050 City Zip Code FI 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete TITLE (9/01) Addition NAME ROTTER, CHRIS NAME STREET ADDRESS PO BOX 522694 STREET ADDRESS CITY-ST-ZIP <u>Marathon FL 33050</u> CITY-ST-ZIP TITLE VPD ☐ Delete TITLE ☐ Change ☐ Addition NAME Wallsten, James NAME STREET ADDRESS 800 35TH OCEAN STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY_ST, 21P Delete TITLE ☐ Change ☐ Addition NAME PATTEN, DAVID NAME STREET ADDRESS 800 35TH OCEAN STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ADAMS, WILLIAM F NAME STREET ADDRESS BOX 500731 STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attac

all other like empowered.

305-743-2002

FILED