

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000004908

1. Entity Name

THE GLADES HAVEN RESORT AND MARINA, INC.

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90100 003 ****61.25

Principal Place of Business

Mailing Address

C/O OYSTER HOUSE RESTAURANT
EVERGLADES CITY FL 33929

C/O OYSTER HOUSE RESTAURANT
EVERGLADES CITY FL 33929

2. Principal Place of Business

3. Mailing Address

P.O. Box 367

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EVERGLADES City

Zip

Country

Zip

Country

34139

COLLIER

4. FEI Number

22-3869970

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMAN, CHARLES C
5455 JAEGER RD
NAPLES FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MILLER, ROBERT A JR
STREET ADDRESS 6535 SPINNAKER DR
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1917 PRINCESS CT
CITY-ST-ZIP NAPLES, FL 34109

TITLE VD ☐ Delete
NAME MILLER, PATRICIA M
STREET ADDRESS C/O OYSTER HOUSE REST-HWY 29
CITY-ST-ZIP EVERGLADES CITY FL 33929

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 9090 THE LANE
CITY-ST-ZIP NAPLES, FL 34109

TITLE STD ☐ Delete
NAME MILLER, ROBERT SR
STREET ADDRESS C/O OYSTER HOUSE RESTAURANT, HWY 29
CITY-ST-ZIP EVERGLADES CITY FL 33929

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 9090 THE LANE
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert A. Miller, Jr. Vice-Pres. 9/12/02 229-695-2073

CR2E037 (4/02)