

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90100 007 ****61.25

DOCUMENT # N17051

1. Entity Name

MARIE'S YACHT HARBOR CLUB CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

100 AVENUE I
COCO PLUM BEACH
MARATHON FL 33050

P O BOX 522822
COCO PLUM BEACH
MARATHON FL 33052-2822
US

2. Principal Place of Business

150 Avenue I

Suite, Apt. #, etc.

Coco Plum Beach

City & State

Marathon, FL

Zip

33050

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2819375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HULL, JERRILYNN
100 AVENUE I
COCO PLUM BCH
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name **Shaw's Secretarial Service**

Street Address (P.O. Box Number is Not Acceptable)

11499 Overseas Highway

City

Marathon

FL

Zip Code
33050

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

Pamela A. Shaw

Pamela A. Shaw, Owner of Shaw's Secretarial Service 3/1/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEES IS \$61.25**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HULL, JERRILYNN A	
STREET ADDRESS	100 AVE I, COCO PLUM BEACH	
CITY-ST-ZIP	MARATHON FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, BEN	
STREET ADDRESS	100 AVE I, COCO PLUM BCH	
CITY-ST-ZIP	MARATHON FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, BEN	
STREET ADDRESS	100 AVE I, COCO PLUM BEACH	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOOD, GERRY	
STREET ADDRESS	100 AVE I, COCO PLUM BCH	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRYCE, ILEAN	
STREET ADDRESS	100 AVE I, COCO PLUM BEACH	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RALPH	
STREET ADDRESS	130 COCO PLUM	
CITY-ST-ZIP	MARATHON FL 33050	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becky Brooks	
STREET ADDRESS	150 Avenue I, #29	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Dennis	
STREET ADDRESS	2138 Harbor Drive	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trish L. Mohr	
STREET ADDRESS	150 Avenue I #38	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Horachek	
STREET ADDRESS	30 South Conch Avenue	
CITY-ST-ZIP	Conch Key, FL 33050	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William S. Wutzer	
STREET ADDRESS	2108 Central Avenue, Unit 2	
CITY-ST-ZIP	Seaside Park, NJ 08753	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Trish L. Mohr

Trish L. Mohr

3/1/00

(305) 743-9427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)