

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30209

1. Entity Name

DAVIS ISLANDS INDEPENDENT MARINE RAILWAY ASSOCIA

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90008 041 \*\*\*\*61.25

Principal Place of Business

C/O PETER MOLLER  
 645 GENEVA PLACE  
 TAMPA FL 33606  
 US

Mailing Address

C/O PETER MOLLER  
 645 GENEVA PLACE  
 TAMPA FL 33606  
 US

2. Principal Place of Business

9/0 J.R. SMITH

Suite, Apt. #, etc.

51 MARTINIQUE AVE

City & State  
 TAMPA FL

Zip  
 33606

Country  
 US

3. Mailing Address

9/0 J.R. SMITH

Suite, Apt. #, etc.

51 MARTINIQUE AVE

City & State  
 TAMPA FL

Zip  
 33606

Country  
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2945422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MOLLER, PETER  
 645 GENEVA PLACE  
 TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

JAMES R SMITH

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

51 MARTINIQUE AVE.

City

TAMPA

FL

Zip Code

33606

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

*James R Smith*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-5-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
 Trust Fund Contribution.

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\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HICKS, JR. W	
STREET ADDRESS	3415 MCKAY AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROLLESTON, LAWRENCE	
STREET ADDRESS	9501 NINTH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOLLER, PETER	
STREET ADDRESS	645 GENEVA PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MALLORY, JAMES F.	
STREET ADDRESS	1315 SEVERN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. SMITH	
STREET ADDRESS	51 MARTINIQUE AVE.	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN CINTRON	
STREET ADDRESS	1315 SEVERN AVE.	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN BIPS	
STREET ADDRESS	6307 SELBOURNE AVE	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB VAN HORN	
STREET ADDRESS	806 DAPHNE DR.	
CITY-ST-ZIP	BRANDON, FL 33510	
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:

*James R Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES R SMITH 7/31/00 (813)258-1943

CR2E037 (5/00)