

2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-05-2001 90290 012 ****61.25

DOCUMENT # N93000002647

1. Entity Name

SEVEN PINES ISLAND MARINA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% C SPURLING
2318 PINE ISLAND CT
JACKSONVILLE FL 32224
US

% C SPURLING
2318 PINE ISLAND CT
JACKSONVILLE FL 32224
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3218148

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

**SPURLING, CATHERINE S
2318 PINE ISLAND CT
JACKSONVILLE, FL
JACKSONVILLE FL 32224**

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.

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DYE, TONY 14242 PINE ISLAND DR JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPURLING, CATHERINE 2318 PINE ISLAND CT JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINONES, JOSEPH 2402 PINE ISLAND COURT JACKSONVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIN, MICHAEL 2360 PINE ISLAND CT JACKSONVILLE FL 32224	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEREGOY, SCOTT 14182 PINE ISLAND DR JACKSONVILLE FL 32224	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

Catherine S. Spurling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01
Date

(904) 223-6732
Daytime Phone #

CR2E037 (10/00)