2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001280

1. Entity Name

MALABAR MARINERS ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90206 024 ****61.25

Principal Place of Business	Mailing Address
POST OFFICE BOX 500028 MALABAR FL 32950-0028	POST OFFICE BOX 500028 MALABAR FL 32950-0028

DO NOT WRITE IN THIS SPACE

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 59-3244110 ☐ 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
CATTERTON, A V JR. 1990 WEST NEW HAVEN AVENUE STE. 104 MELBOURNE FL 32904	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	PD REXRODES, L.O. 164 PLOVER LANE ROCKLEDGE FL 32955	☒ Delete	Rakstis, Vince 543 Americana Blvd NW Palm Bay FL 32907 PD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KRIEGER, DONALD 2345 LINEBERRY LANE MALABAR FL 32950	☒ Delete	Maison, Daniel 604 Creel Street Melbourne FL 32935 SD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARCLAY, MIGDALIA I 591 DI LIDO ST. N.E. PALM BAY FL 32907	☒ Delete	Alazraki, Patricia 7220 Blue Shore Rd. Grant, FL 32949 VD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Krieger, Ann 2345 Lineberry Lane Malabar, FL 32950 TD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 2/19/00 407-728-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #