

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003290

1. Entity Name

MARINELAND FOUNDATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90047 022 ****61.25

Principal Place of Business

Mailing Address

9507 OCEAN SHORE BLVD.
MARINELAND FL 32086

9507 OCEAN SHORE BLVD.
MARINELAND FL 32086-8610

2. Principal Place of Business

3. Mailing Address

9600 Ocean Shore Blvd

9600 Ocean Shore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marineland, FL

City & State

Marineland, FL

4. FEI Number

59-3327791

Applied For

Not Applicable

Zip

Country

32086

Flagler

Zip

Country

32086

Flagler

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

INTERWOSCIA, DAVID J
9507 OCEAN SHORE BLVD
ST AUGUSTINE FL 32086

Name

Dennis LaPorte

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

9600 Ocean Shore Blvd

City

St. Augustine

FL

Zip Code

32086

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	PD	<input type="checkbox"/> Delete
NAME	LAPORTE, DENNIS	
STREET ADDRESS	176 MARINA DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, CAROL L	
STREET ADDRESS	4021 PELICAN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KORWEK, ALEX	
STREET ADDRESS	27 COOLWATER CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROWE, SHAWN	
STREET ADDRESS	7000 MIDDLETON AVE 2-B	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaPorte, Dennis	
STREET ADDRESS	117 Old Spanish Bluff Trail	
CITY-ST-ZIP	East Palatka, FL 32131	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Carol	
STREET ADDRESS	4021 Pelican Rd.	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Jordan	
STREET ADDRESS	305 Cortez st	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leonard Kochendorfer	
STREET ADDRESS	3757 S. Atlantic Ave, 1105	
CITY-ST-ZIP	Daytona Beach Shores, FL 32127	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Fields	
STREET ADDRESS	2664 US. 1 South	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Carlson	
STREET ADDRESS	7 Place Concorde	
CITY-ST-ZIP	Palm Coast, Florida 32137	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ronald Fields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

904-797-5000

CR2E037 (9/99)