

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005813

1. Entity Name

MARATHON ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal Place of Business

FLA KEYS MARINA  
800 35TH ST OCEAN  
MARATHON FL 33050

Mailing Address

PO BOX 522582  
MARATHON SHORES FL 33052  
US

2. Principal Place of Business

3. Mailing Address

800 35th St. (ocean)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Marathon, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33050

USA

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

WRIGHT, THOMAS D ESQ  
FIRST PROFESSIONAL CENTRE  
5701 OVERSEAS HIGHWAY #17  
MARATHON FL 33050

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

T  
HELBLING, JUNE  
11401 OVESEAS HWY  
MARATHON FL

☐ Delete

☐ Change ☐ Addition

D  
MAPES, LYNN C  
206 MORTON STREET  
MARATHON KEY FL 33050

☐ Delete

☐ Change ☐ Addition

D  
SCHMITT, BRIAN  
11100 OVERSEAS HIGHWAY  
MARATHON KEY FL 33050

☐ Delete

☐ Change ☐ Addition

P  
RICE, DAVID  
3000 41ST ST OCEAN  
MARATHON FL 33050

☐ Delete

☐ Change ☐ Addition

S  
CARPENTER, SHERRY  
7964 GULFSTREAM BLVD  
MARATHON FL 33050

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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:

Signature of Sherry Carpenter, Sec

1.22.01

305.743.3771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)