

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005111

1. Entity Name

THE MARINE CORPS HOSTEL, INC.

FILED

00 MAR 10 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10005 BAY PINES BLVD.  
#113  
SAINT PETERSBURG FL 33708  
US

Mailing Address

P.O. BOX 3877  
BAY PINES FL 33744-3877  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3404369

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE / PD  
NAME MAYS, MARY G  
STREET ADDRESS 10005 BAY PINES BOULEVARD, UNIT 117  
CITY-ST-ZIP SAINT PETERSBURG FL 33708 ☐ Delete

TITLE / VD  
NAME BISOGNO, BRETT M  
STREET ADDRESS 10005 BAY PINES BOULEVARD, UNIT 117  
CITY-ST-ZIP SAINT PETERSBURG FL 33708 ☐ Delete

TITLE / STD  
NAME BISOGNO, FRANK G  
STREET ADDRESS 10005 BAY PINES BOULEVARD, UNIT 117  
CITY-ST-ZIP SAINT PETERSBURG FL 33708 ☐ Delete

TITLE /  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE /  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE /  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / PD  
NAME Reynolds, Mary G  
STREET ADDRESS 10416 Mayflower Rd  
CITY-ST-ZIP Spring Hill, FL 34608 ☒ Change ☐ Add

TITLE /  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003178220-4  
-03/21/00--07096--010  
\*\*\*\*\*61.25 \*\*\*\*\*61.25 ☐ Change ☐ Add

TITLE /  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE /  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE /  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE /  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/00 352/544-6178

LS