

2001 UNIFORM BUSINESS REPORT (UBR)

0007675

DOCUMENT # N97000004458

1. Entity Name
WILLIAMS ISLAND MARINA ASSOCIATION, INC.

FILED
01 JUL 20 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7900 ISLAND BOULEVARD
WILLIAMS ISLAND FL 33160

Mailing Address
7900 ISLAND BOULEVARD
WILLIAMS ISLAND FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3062331
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

7. Name and Address of New Registered Agent

MATUS, ALAN
7900 ISLAND BOULEVARD
WILLIAMS ISLAND FL 33160

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
After September 12, 2001, min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	MATUS, ALAN	
STREET ADDRESS	7900 WILLIAMS ISLAND BLVD	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POWERS, PATRICK	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRUMP, STEPHANIE	
STREET ADDRESS	7900 WILLIAMS ISLAND BLVD	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIAN KIELY	
STREET ADDRESS	7900 ISLAND BLVD	
CITY-ST-ZIP	MIAMI, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000004534000--7	
CITY-ST-ZIP	-08/14/01--01048--042	
	*****61.25 *****61.25	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000004534000--7	
CITY-ST-ZIP	-08/14/01--01048--043	
	*****8.75 *****8.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

CR2E037 (5/01)