

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002287

1. Entity Name

MASHES ISLAND MARINA, INC.

Principal Place of Business

2917 LIVINGSTON ROAD
TALLAHASSEE FL 32303

Mailing Address

~~2917 LIVINGSTON ROAD~~ P.O. Box
~~TALLAHASSEE FL 32303~~ 12609

TALLAHASSEE, FL 32317

2. Principal Place of Business

2917 LIVINGSTON ROAD

Suite, Apt. #, etc.

TALLAHASSEE FL

City & State

3. Mailing Address

P.O. Box 12609

Suite, Apt. #, etc.

TALLAHASSEE FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3624086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, CLAY
2917 LIVINGSTON ROAD
TALLAHASSEE FL 32303

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME D
HARRIS, LINDA
STREET ADDRESS 2917 LIVINGSTON ROAD
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete

NAME PRESIDENT
CLAY HARRIS
STREET ADDRESS 2917 LIVINGSTON RD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Clay Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

414-8360

Daytime Phone #

CR2034 (10/00)