

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90055 021 \*\*\*150.00

**DOCUMENT # P00000105411**

1. Entity Name

**MID-BAY MARINA, INC.**

Principal Place of Business

**385 HWY 98 EAST STE 60  
DESTIN FL 32541**

Mailing Address

**385 HWY 98 EAST STE 60  
DESTIN FL 32541**

2. Principal Place of Business

**688 Regatta Bay Blvd.**

3. Mailing Address

**4460 Legendary Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste. 400**

City &amp; State

**Destin, FL**

City &amp; State

**Destin, FL**

4. FEI Number

**59-3683226**

Applied For

Not Applicable

Zip

**32541**

Country

**USA**

Zip

**32541**

Country

**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

**LEGLER, MITCHELL W  
330A WHARFSIDE WAY  
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**300A WHARFSIDE WAY**

City

**Jacksonville**

FL

Zip Code

**32207**

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 registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOS, PETER H</b>	NAME	<b>BOS, PETER H</b>
STREET ADDRESS	<b>385 HWY 98 EAST STE 60</b>	STREET ADDRESS	<b>4460 LEGENDARY DRIVE, SUITE 400</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	CITY-ST-ZIP	<b>DESTIN, FL 32541</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>VT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>BUSFIELD, DAVID</b>
STREET ADDRESS		STREET ADDRESS	<b>4460 LEGENDARY DRIVE, SUITE 400</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>DESTIN, FL 32541</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>CRAUL, BRUCE</b>
STREET ADDRESS		STREET ADDRESS	<b>4460 LEGENDARY DRIVE, SUITE 400</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>DESTIN, FL 32541</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>PARKER, WENDY</b>
STREET ADDRESS		STREET ADDRESS	<b>4460 LEGENDARY DRIVE, SUITE 400</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>DESTIN, FL 32541</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Peter H. Bos****4/25/01**

Date

**850-337-8000**

Daytime Phone #

CP2E034 (10/00)