

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90461 009 ***150.00

0382071 AV

DOCUMENT # P01000048822

1. Entity Name

ROLAND MARTIN BOATING CENTER, INC.

Principal Place of Business

**608 EAST SUGARLAND HWY
 CLEWISTON FL 33440**

Mailing Address

**608 EAST SUGARLAND HWY
 CLEWISTON FL 33440**

2. Principal Place of Business

602 East Sugarland Highway

Suite, Apt. #, etc.

3. Mailing Address

602 East Sugarland Highway

Suite, Apt. #, etc.

City & State

Clewiston, FL 33440

City & State

Clewiston, FL 33440

Zip

33440

Country

Zip

33440

Country

4. FEI Number

65-1101455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCGAHEE, MELANIE A ESQ.
 417 WEST SUGARLAND HWY
 CLEWISTON FL 33440**

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

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, 2002 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 **D** ☐ Delete
 NAME **GRIGGS, HARLAN J**
 STREET ADDRESS **608 EAST SUGARLAND HWY**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **D** ☐ Delete
 NAME **MARTIN, ROLAND**
 STREET ADDRESS **608 EAST SUGARLAND HWY**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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 **D** ☒ Change ☐ Addition
 NAME **GRIGGS, HARLAN J.**
 STREET ADDRESS **602 East Sugarland Highway**
 CITY-ST-ZIP **Clewiston, FL 33440**

TITLE **D** ☒ Change ☐ Addition
 NAME **MARTIN, ROLAND**
 STREET ADDRESS **602 East Sugarland Highway**
 CITY-ST-ZIP **Clewiston, FL 33440**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

Daytime Phone #

CR2E034 (9/01)