

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90116 010 \*\*\*150.00

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**DOCUMENT # P02000073884**

1. Entity Name  
**MARATHON RESORT DEVELOPMENT, INC.**



Principal Place of Business  
**100 SE 2ND ST. STE 3350  
MIAMI FL 33131-2127**

Mailing Address  
**100 SE 2ND ST. STE 3350  
MIAMI FL 33131-2127**

2. Principal Place of Business

**2600 Overseas Highway**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 5886**  
Suite, Apt. #, etc.

City & State  
**Marathon FL**

City & State

4. FEI Number  
**45-0483287**

Applied For  
Not Applicable

Zip  
**33050**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALLISON, JOHN R III  
100 SE 2ND ST, STE 3350  
MIAMI FL 33131-2127**

7. Name and Address of New Registered Agent

Name  
**John R. Allison III**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 S.E. 2nd Street**  
**Suite 3350**  
City  
**Miami** FL Zip Code  
**33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Signature typed or printed name of registered agent and title if applicable.

**John R. Allison III**

**04/14/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP Nancy Hagel**  
**1010 Kennedy Dr Apt F1**  
**Key West, FL 33040**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**John Allison**  
**100 SE 2nd St. Suite 3350**  
**Miami FL 33131**

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

TITLE  
NAME  
STREET ADDRESS  
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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 607, 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 REQUIRED**

**4/14/03**

**305 296 5601**

Date

Daytime Phone #

CR2E034 (10/02)