

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90116 011 ***150.00

DOCUMENT # P02000073890

1. Entity Name
MARATHON RESORT ASSOCIATES, 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 5884
Suite, Apt. #, etc.

City & State
Marathon, FL

Zip 33050 **Country** USA

City & State
Key West FL

Zip 33045 **Country** USA

4. FEI Number
02-0634257

Applie For
Not Applicable

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 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)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	John R. Allison III	<input type="checkbox"/> Delete
NAME	John R. Allison III	
STREET ADDRESS	100 SE 2nd St.	
CITY-ST-ZIP	Suite 3350 Miami, FL 33131	
TITLE	Phancy Hagerl	<input type="checkbox"/> Delete
NAME	Phancy Hagerl	
STREET ADDRESS	1010 Kennedy Drive	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11

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		
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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/03

305 294 564

CR2E034 (10/02)