

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12788

1. Entity Name  
AMERICAN MARINE HOLDINGS, INC.

Principal Place of Business  
1520 S. SUNCOAST BLVD.  
HOMOSASSA FL 32643  
US

Mailing Address  
P.O. BOX 987  
TALLEVAST FL 34270-0987  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2745631

Applied For

Not Applicable

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

THE PRENTICE HALL CORP. SYSTEM INC  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 re-stating) 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

TITLE D ☐ Delete  
NAME RANIERI, LEWIS A.  
STREET ADDRESS 50 CHARLES LINDBERGH BLVD, STE 500  
CITY-ST-ZIP UNIONDALE NY

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

TITLE T ☐ Delete  
NAME BLESSER, HOWARD  
STREET ADDRESS 7110 21ST ST E  
CITY-ST-ZIP SARASOTO FL

TITLE ☒ Change ☐ Addition  
NAME BLESER, HOWARD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WILSON, KENDRICK R III  
STREET ADDRESS ONE ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY

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

TITLE CD ☐ Delete  
NAME KIMMEL, LEE H  
STREET ADDRESS 499 PARK AVENUE, 22ND FLOOR  
CITY-ST-ZIP NEW YORK NY

TITLE ☒ Change ☐ Addition  
NAME KIMMEL, LEE H.  
STREET ADDRESS 7110 21ST ST E  
CITY-ST-ZIP SARASOTA FL 34243

TITLE VD ☐ Delete  
NAME ATWOOD, DANIEL R  
STREET ADDRESS 1520 SO SUNCOAST BOULEVARD  
CITY-ST-ZIP HOMOSASSA FL

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

TITLE P ☐ Delete  
NAME COLLINS, MIKE  
STREET ADDRESS 7110 21ST ST E  
CITY-ST-ZIP SARASOTA FL

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

Date

Daytime Phone #

CR2E034 (10/00)