

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90140 049 ***150.00

DOCUMENT # P40864

1. Entity Name
GRACE TARPON INVESTORS, INC.



Principal Place of Business
**7500 GRACE DRIVE
COLUMBIA MD 21044
US**

Mailing Address
**7500 GRACE DRIVE
COLUMBIA MD 21044
US**

2. Principal Place of Business

3. Mailing Address

c/o Mollie K. Sprinkle

Suite, Apt. #, etc.

7500 Grace Drive

Suite, Apt. #, etc.

City & State

City & State

Columbia, Maryland

Zip

Country

Zip
21044

Country
USA

4. FEI Number **65-0344213**

Applied 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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

SIGNATURE

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

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MCGOWAN, W. BRIAN**
STREET ADDRESS **7500 GRACE DRIVE**
CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE **DVPT** ☐ Delete
NAME **TAROLA, ROBERT M.**
STREET ADDRESS **7500 GRACE DRIVE**
CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE **D** ☐ Delete
NAME **NORRIS, PAUL J**
STREET ADDRESS **7500 GRACE DRIVE**
CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE **AT** ☒ Delete
NAME **FILON, ELYSE N**
STREET ADDRESS **7500 GRACE DRIVE**
CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE **S** ☐ Delete
NAME **SHELNITZ, MARK A**
STREET ADDRESS **7500 GRACE DRIVE**
CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V/AS** ☐ Change ☒ Addition
NAME **David B. Siegel**
STREET ADDRESS **7500 Grace Drive**
CITY-ST-ZIP **Columbia, Maryland 21044**

TITLE **AT** ☐ Change ☒ Addition
NAME **Martin Hunter**
STREET ADDRESS **7500 Grace Drive**
CITY-ST-ZIP **Columbia, Maryland 21044**

TITLE **AT** ☐ Change ☒ Addition
NAME **David Nakashige**
STREET ADDRESS **5400 Broken Sound Blvd,**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **AT** ☒ Change ☐ Addition
NAME **Elyse Napoli Filon**
STREET ADDRESS **5400 Broken Sound Blvd, Ste 300**
CITY-ST-ZIP **Boca Raton, FL 33487**

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

TITLE ☐ Change ☐ 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:

Mark A. Shelnitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Shelnitz

Date

Daytime Phone #

(410) 531-4212

CR2E034 (10/02)