

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005310

1. Entity Name

MOORINGS U.S. YACHT SERVICES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90115 033 ***150.00

Principal Place of Business

Mailing Address

1110 THIRD STREET SOUTH
 ST. PETERSBURG FL 33701

1110 THIRD STREET SOUTH
 ST. PETERSBURG FL 33701-5536

2. Principal Place of Business

2550 S. BAYSHORE DR.

3. Mailing Address

19345 U.S. HWY 19 N.

Suite, Apt. #, etc.

SUITES 10 & 11

Suite, Apt. #, etc.

4TH FLOOR

City & State

MIAMI, FL

City & State

CLEARWATER, FL

Zip

33133

Country

DADE

Zip

33764

Country

PINELLAS

4. FEI Number

59-3164251

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

7. Name and Address of New Registered Agent

MASON, ANNE M
 MASON & ASSOCIATES
 17757 U.S. HIGHWAY 19 N., SUITE 500
 CLEARWATER FL 34624

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP WARSHAW, ARTHUR 19345 U.S. HWY 19 N., 4TH FL. CLEARWATER FL 34624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGHES, MATTHEW 19345 US 19 NORTH, 4TH FLOOR CLEARWATER FL 34624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAAS, ALEXANDER 19345 US 19 NORTH, 4TH FLOOR CLEARWATER FL 34624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MICHAEL J. SCHANTZ 19345 U.S. HWY 19 N., 4TH FLOOR CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (9/99)