

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
 03-14-2000 90080 006 ***158.75

DOCUMENT # P93000037422

1. Entity Name
LAND'S END MARINA HOLDING COMPANY, INC.

Principal Place of Business Mailing Address
HARNEY RD. 6429 HARNEY RD.
FL 33610 TAMPA FL 33610-9593

2. Principal Place of Business 3. Mailing Address
1212 Apollo Beach Blvd 1212 Apollo Beach Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Apollo Beach, FL Apollo Beach FL
 Zip Country Zip Country
33572 USA 33572 USA

6. Name and Address of Current Registered Agent

GRANOWICZ, DONALD E
6429 HARNEY ROAD
TAMPA FL 33610

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.

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	GRAOWICZ, DONALD E	
STREET ADDRESS	6429 HARNEY RD.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	CLARK, HENRY B.	
STREET ADDRESS	6429 HARNEY ROAD	
CITY-ST-ZIP	TAMPA FL 33610	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANOWICZ, CHRISTIE	
STREET ADDRESS	1220 APOLLO BEACH BLVD.	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANOWICZ, VIC	
STREET ADDRESS	6429 HARNEY ROAD	
CITY-ST-ZIP	TAMPA, FL 33610	
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		
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: *Christie Granowicz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00 813 623-1111
 Date Daytime Phone #

CR2E034 (9/99)