

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023971

1. Entity Name

MARINER COVE MARINA, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90068 015 ***150.00

Principal Place of Business

Mailing Address

14603 BEACH BOULEVARD
JACKSONVILLE FL 32250

14603 BEACH BOULEVARD
JACKSONVILLE FL 32250-2303

2. Principal Place of Business

3. Mailing Address

12478 Masters Ridge
Suite, Apt. #, etc.

12478 Masters Ridge
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3232203

Applied For

Not Applicable

Zip

Country

32225

Zip

Country

32225

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

WEST, ALICE S
14603 BEACH BOULEVARD
JACKSONVILLE FL 32250

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 D ☐ Delete
NAME WILLIAMS, ANDREW H
STREET ADDRESS C/O 14603 BEACH BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☒ Change ☐ Addition
NAME 12478 Masters Ridge
STREET ADDRESS JACKSONVILLE, FL 32225
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME WEST, ALICE S
STREET ADDRESS 11342 SKIMMER CT
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE P ☐ Delete
NAME WILLIAMS, ANDREW H
STREET ADDRESS C/O 14603 BEACH BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME 12478 Masters Ridge
STREET ADDRESS JACKSONVILLE, FL 32225
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Alice S West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alice S West

3/21/00

Date

904-223-4557

Daytime Phone #

CR2E034 (9/99)