

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000083580

1. Entity Name

PALM BEACH MARINA HOLDING CORP. ✓

Principal Place of Business

RIVER BEND MARINA
1515 SW 20TH STREET
FT LAUDERDALE FL 33315-1899

Mailing Address

59 ELM STREET
NEW HAVEN CT 06510

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 65-0548511

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

MARKOWITZ, DAVIS AND RINGEL, P.A.
TWO DATRAN CENTER
9130 S DADELAND BLVD SUITE 1225
MIAMI FL 33156

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME MATTHEWS, ROBERT V.
STREET ADDRESS 11847 PEBBLEWOOD DRIVE #602
CITY-ST-ZIP W PALM BEACH FL 33414

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 158 South Ocean Blvd.
CITY-ST-ZIP Palm Beach, FL 33480

TITLE T ☐ Delete
NAME FOURNIER, STEVEN A.
STREET ADDRESS 501 N FIELD ROAD
CITY-ST-ZIP WATERTOWN CT 06795

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 107 Eastfield Road
CITY-ST-ZIP Waterbury, CT 06708

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
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED Robert V. Matthews

7/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90002 017 ***550.00



DO NOT WRITE IN THIS SPACE

CR 1004 (3/00)