## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 06, 2002 8:00 am Secretary of State DOCUMENT # P95000035172 1. Entity Name SALT SPRINGS RUN MARINA & LANDING, INC. 03-06-2002 90049 006 \*\*\*150.00 Principal Place of Business Mailing Address 25711 NORTH EAST 134TH PLACE 25711 NORTH EAST 134TH PLACE JUULITU SALT SPRINGS FL 32134 SALT SPRINGS FL 32134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3316283 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONES, DONALD J JR. Street Address (P.O. Box Number is Not Acceptable) 25711 NORTH EAST 134TH PLACE SALT SPRINGS FL 32134 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. • 12. CR2E034 (9/01) ☐ Addition TITLE, **PVST** ☐ Detete TITLE Change NAME: NAME DONES, DONALD J JR STREET ADDRESS STREET ADDRESS 25711 NORTH EAST 134TH PLACE CITY-ST-ZIP CITY-ST-ZIP SALT SPRINGS FL TITLE ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME DONES, DONALD J JR STREET ADDRESS STREET ADDRESS 25711 NORTH EAST 134TH PLACE CITY-ST-ZIP CITY-ST-ZIP SALT SPRINGS FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ther like empowered.

Donald J. Don

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Daytime Phone #