

DOCUMENT # P96000010368

1. Entity Name  
**MARINER CLUB, INC.**

Principal Place of Business      Mailing Address  
**364 WILMINGTON WEST CHESTER PIKE**      **215 NORTH EOLA DRIVE**  
**GLEN MILLS PA 19342**      **ORLANDO FL 32801**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip **32802**      Country

6. Name and Address of Current Registered Agent  
**BALLETTA, JAMES**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code **32802**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANIO, CHRISTOPHER T		NAME		
STREET ADDRESS	364 WILMINGTON WEST CHESTER PIKE		STREET ADDRESS		
CITY-ST-ZIP	GLEN MILLS PA 19342		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, FRANK X		NAME		
STREET ADDRESS	364 WILMINGTON WEST CHESTER PIKE		STREET ADDRESS		
CITY-ST-ZIP	GLEN MILLS PA 19342		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE <b>V</b>	<b>BALLETTA, JAMES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>215 N EOLA DRIVE</b>	
STREET ADDRESS			STREET ADDRESS	<b>ORLANDO, FL 32801</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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 the empowered.

SIGNATURE: *J. Balletta*      4/26/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES BALLETTA, VICE PRESIDENT**      Date      Daytime Phone #

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**  
05-21-2001 90038 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)