

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036178

1. Entity Name

R.C. MARINE GROUP, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90022 006 \*\*\*150.00

Principal Place of Business

11315 SEABREEZE AVENUE  
PORT CHARLOTTE FL 33981-6626

Mailing Address

11315 SEABREEZE AVENUE  
PORT CHARLOTTE FL 33981-6677

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0662739

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 PSTD  
NAME DEROGATIS, RONALD J  
STREET ADDRESS 11315 SEABREEZE AVENUE  
CITY-ST-ZIP PORT CHARLOTTE FL 33981-6626 ☐ Delete

TITLE D  
NAME TABB, DAVID  
STREET ADDRESS 450 CHENERY  
CITY-ST-ZIP SPRINGFIELD IL ☐ Delete

TITLE D  
NAME CUNNINGHAM, PATRICK  
STREET ADDRESS 3313 NORTH GERRARD  
CITY-ST-ZIP INDIANAPOLIS IN ☐ Delete

TITLE D  
NAME ROGALSKI, EDWARD & BARBA  
STREET ADDRESS 870 RONNIE LANE  
CITY-ST-ZIP ROXBOROUGH PA 19128 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD De ROGATIS 4/17/00

Date

Daytime Phone

941 475-8459

CR2E034 (9/99)