

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
 03-14-2000 90080 005 ***158.75

DOCUMENT # P96000077185

1. Entity Name
SUNSET POINTE MARINA, INC.

Principal Place of Business Mailing Address
 3314 CHEVIOT DR 3314 CHEVIOT DR
 TAMPA FL 33618 TAMPA FL 33618-2158

2. Principal Place of Business 3. Mailing Address
1220 APOLLO BEACH BLVD SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
APOLLO BEACH, FL
 Zip Country Zip Country
33572 USA

6. Name and Address of Current Registered Agent
GRANOWICZ, DONNA K
3314 CHEVIOT DR
TAMPA FL 33618

4. FEI Number **59-3405487** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANOWICZ, DONNA K		NAME		
STREET ADDRESS	3314 CHEVIOT DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, CHERY M		NAME		
STREET ADDRESS	3706 AVENIDA MADEIRA		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANOWICZ, VIC F		NAME		
STREET ADDRESS	6429 HARNEY RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	DSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANOWICZ, CHRISTIE JEAN		NAME		
STREET ADDRESS	6429 HARNEY RD		STREET ADDRESS	1220 APOLLO BEACH BLVD	
CITY-ST-ZIP	TAMPA FL 33610		CITY-ST-ZIP	APOLLO BEACH, FL 33572	
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 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: *Christie Jean Granowicz* **3-9-00 (813) 623-1111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)