

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009265

1. Entity Name

BAYSHORE MARINER, INC.

Principal Place of Business

Mailing Address

280 N JULIA CIRCLE  
ST PETERSBURG BEACH FL 33706

280 N JULIA CIRCLE  
ST PETERSBURG BEACH FL 33707-3942

2. Principal Place of Business

2812 SKIMMER POINT DR. S.

3. Mailing Address

2812 SKIMMER POINT DR. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT, FLORIDA

City & State

GULFPORT FL

Zip

33707

Country

Zip

33707

Country

6. Name and Address of Current Registered Agent

GREEN, ROGER G  
280 N JULIA CIRCLE  
ST PETERSBURG BEACH FL 33706

Name

GREEN, ROGER G.

Street Address (P.O. Box Number is Not Acceptable)

2812 SKIMMER POINT DR. S.

City

Gulfport

FL

Zip Code

33707

4. FEI Number

59-3426383

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 D  
NAME GREEN, ROGER G  
STREET ADDRESS 280 N JULIA CIRCLE  
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

Delete



☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME GREEN, ROGER G.  
STREET ADDRESS 2812 SKIMMER POINT DR. S.  
CITY-ST-ZIP GULFPORT, FL 33707

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

Date

Daytime Phone #

FILED  
Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90030 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

1/20/2000

727-344-1833