

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036336

1. Entity Name  
COCOHATCHEE RIVER MARINA, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90023 026 \*\*\*158.75

Principal Place of Business  
179 SOUTH BAY DRIVE  
NAPLES FL 34108

Mailing Address  
179 SOUTH BAY DRIVE  
NAPLES FL 34108

2. Principal Place of Business  
13535 VANDERBILT DR

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
NAPLES, FL

City & State

4. FEI Number 59-3440326

Applied For  
Not Applicable

Zip 34110 Country COLLIER

Zip Country

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

## 6. Name and Address of Current Registered Agent

HARVEY, PAUL  
179 SOUTH BAY DRIVE  
NAPLES FL 34108

## 7. Name and Address of New Registered Agent

Name

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

City

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, 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

TITLE P  
NAME HARVEY, PAUL  
STREET ADDRESS 179 SOUTH BAY DRIVE  
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE V  
NAME GRACE, MICHAEL H  
STREET ADDRESS 179 SOUTH BAY DRIVE  
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE ST  
NAME HARVEY, MONICA  
STREET ADDRESS 179 SOUTH BAY DRIVE  
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 VICE PRESIDENT  
NAME B D G F TRUST  
STREET ADDRESS 179 SOUTH BAY DR  
CITY-ST-ZIP NAPLES, FL 34108 ☒ 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

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: Monica Harvey MONICA HARVEY 4/20/01 (941)597-2063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)