

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048552

1. Entity Name

PELICAN HARBOR MARINA, INC.

*Please correct address 2nd request!*

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90074 013 \*\*\*150.00

Principal Place of Business

4220 DIXIE HIGHWAY N.E.

PELHAM WAY FL 32905

Palm Bay

Mailing Address

3477 QUAIL COURT

MELBOURNE FL 32908

2. Principal Place of Business

4220 Dixie Highway NE

3. Mailing Address

7185 S. Highway A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Melbourne Beach, FL

Zip

Country

32905

Zip

Country

32951

Bravard

4. FEI Number

59-3458659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVERETT, RITA C CPA  
200 RIVERSIDE DRIVE  
MELBOURNE BEACH FL 32951

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	P	<input type="checkbox"/> Delete
NAME	CONTI, FRANCIS A	
STREET ADDRESS	3477 QUAIL COURT	
CITY-ST-ZIP	MELBOURNE FL 32905	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENNETT, PATRICIA	
STREET ADDRESS	3477 QUAIL COURT	
CITY-ST-ZIP	MELBOURNE FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7185 S. Highway A1A	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conti, Patricia	
STREET ADDRESS	7185 S. Highway A1A	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 3/14/00 321-956-0960

CR2E034 (9/99)