2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700062333

1. Entity Name MARINER'S COVE DEVELOPMENT CORPORATION							Secretary of 05-11-2001 90072 031				
Principal Place of Business 400 FRANDORSON CIRCLE SUITE 204 APOLLO BEACH FL 33572 2. Principal Place of Business			Mailing Address 400 FRANDORSON CIRCLE SUITE 204 APOLLO BEACH FL 33572								
			3. Mailing Address								
Suite, Apt.	Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPAN 4. FEI Number 65-0811895				
City & State						4.					
Zip	Country	1	Zip	Cour	ntry	5.	Certificate of Status Desired	□ \$8.			
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curre	ent Regi	stered Agent	l		7.	Name and Address of New Re	gistered Ager			
					Name						
218 /	RSON, MICHAEL L ESQ APOLLO BEACH BOULEVARD LLO BEACH FL 33572				Street Ad	idress (P.O.	Box Number is Not Acceptable)	 			
AFOL	LEO BEAGIT PE 33372				City						
	named entity submits this statemen	nt for the	purpose of changing its	register	red office or	registered a	gent, or both, in the State of Flor	rida.			
SIGNATURE	Signature, typed or printed name of registered a	igent and tit	e if applicable. (NOT	E: Reg ster	ed Agent signatu	re 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 \$550.0 Make Check Payable to Department of			50.00	I Hust rung Contribution. L.				
11.	OFFICERS A	ND DIR	ECTORS	12		Α	ADDITIONS/CHANGES TO OFFI	CERS AND DI			
TITILE NAME STREET ADDRESS CHY-ST-ZIP	HOLDSWORTH, JOHN W 930 ALLEGRO LANE		☐ Delcte		LE ME REET ADDRESS Y-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZiP	DT HOLDSWORTH, LESLIE 930 ALLEGRO LANE APPOLLO BCH FL 33572		☐ Delete	ST	LE ME REET ADDRESS TY-S1-ZIP						
TITLE NAME STREET ADDRESS	DVP PETERSON, MICHAEL L		☐ Delete		'LE ME REE1 ADDRESS						

FILED May 11, 2001 8:00 am f State

***150.00



Applied For Not Applicable

Zip	Country		Countr	5. Certificate of Status Desired Fee Re					5 Additional equired	
	Address of Current R		7. Name and Address of New Registered Agent							
					Name					
PETERSON, MICHAEL L ESQ 218 APOLLO BEACH BOULEVARD					Street Address (P.O. Box Number is Not Acceptable)					
					out of the same of					
APOL	LO BEACH FL	33572								
					City			3.	Zip Code	
								1° 1		
. The above	named entity sub	mits this statement for	the purpose of changing its	s registere	d office or regi	stered age	ent, or both, in the State of Flo	rida.		
IGNATURE _										
	Signature, typed or prin	ted name of registered agent a	nd title if applicable. (NOT	E: Reg stered	Agent signature red	uired when rei	nstating)	DATE		
3. This corpo	oration is eligible to	o satisfy its Intangible	FILE NOW	!!! FEE !	S \$150.00	,	10. Election Campaign Fir	anaina	ድር በ	n
_	requirement and ϵ		After MAY 1, 20				Trust Fund Contributio	· -		0 May Be to Fees
(See criter	ria on back)		Make Check Paya	ble to De	partment of s	State	1.00(1.01)		71000	
1.		OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11
ITI,E	DP		☐ Delete	TITLE					☐ Change	Additio
AME	HOLDSWORT	1, JOHN W		NAME						
TREET ADDRESS	930 ALLEGRO	LANE			T ADDRESS					
STY-ST-ZIP	APPOLLO BCI	H FL 33572		CITY-	ST-ZIP					
ITLE	DT		☐ Delete	TITLE					Change	Additio
NAME	HOLDSWORTI	H, LESLIE		NAM						
STREET ADDRESS	930 ALLEGRO	LANE			ET ADDRESS					
CITY-ST-ZiP	APPOLLO BC	H FL 33572		CITY	·ST-ZIP					
TITLE	DVP		☐ Delete	TITLE					Change	Additio
NAME	PETERSON, N	MCHAEL L		NAM						
STREET ADDRESS	662 YARDARN	A			E1 ADDRESS					
CITY-ST-ZIP	APOLLO BEA	CH FL 33572		CITY	-ST-ZIP					
TITLE	S		☐ Delete	TITLE					Change	Additio
NAME	CHAMBERS, 1	DEBORAH P		NAM	Ē .					
STREET ADDRESS	4108 W. WISC	Consin avenue			ET ADDRESS					
CITY-ST-ZiP	TAMPA FL 33	617		CITY	-ST-ZIP					
TITLE			☐ Delete	TITLI	:				Change	Addition
NAME				NAM	ı					
STREET ADDRESS					ET ADORESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	ודוד					Change	Additi
NAME	-			NAM	E					
STREET ADDRESS					ELI ADDRESS					
CiTY-ST-ZIP	1			L CITY	-ST-ZIP					

of the corporation of the receiver or thistee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR