

2000 UNIFORM BUSINESS REPORT (UBR)

2.

DOCUMENT # P97000064008

1. Entity Name

RUM CAY MARINA INC

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-26-2000 90054 014 ***150.00

Principal Place of Business Mailing Address
% MITCHELL A. SILVER & CO.
P.O. BOX 22-3592
HOLLYWOOD FL 33022-3592 % MITCHELL A. SILVER & CO.
P.O. BOX 22-3592
HOLLYWOOD FL 33022-3592

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0769857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE, JENNIFER A
5900 JOHNSON STREET
HOLLYWOOD FL 33021-5638

Name JENNIFER A. LITTLE

2648 WILSON ST

HOLLYWOOD

FL

Zip Code 33022

8. The above named entity submits this statement for the purpose of changing its registered

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 PSD
NAME LITTLE, JENNIFER A
STREET ADDRESS 5900 JOHNSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33021-5638 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME P.O. Box 22-3592
STREET ADDRESS HOLLYWOOD, FL 33022
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)