

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069175

1. Entity Name

BOSWORTH MARINE MANAGERS, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90003 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1 BEACH DC SE  
SUITE 1006  
ST PETERSBURG FL 33701

1 BEACH DC SE  
SUITE 1006  
ST PETERSBURG FL 33701

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

59-3468835

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

LAZZARA, BETTY B  
1 BEACH DR SE  
SUITE 1006  
ST PETERSBURG FL 33701

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAZZARA, BETTY B	
STREET ADDRESS	1 BEACH DR SE SUITE 1006	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAZZARA, STEVEN B	
STREET ADDRESS	8337 TALLAHASSEE DR NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAZZARA, RICHARD C	
STREET ADDRESS	1934 BRIGHTWATERS BLVD NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	S	<input type="checkbox"/> Delete
NAME	FONTANA, GINA LAZZARA	
STREET ADDRESS	655 TALLAHASSEE DRIVE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAZZARA, JOAN E	
STREET ADDRESS	2215 CYPRESS ISLAND DE #201	
CITY-ST-ZIP	POMPANO BEACH DL 33069	
TITLE		<input type="checkbox"/> Delete
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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Betty B. Lazzara, PPS 3/20/00 727-898-6060

CR2E034 (9/99)