

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90017 036 \*\*\*150.00

DOCUMENT # P97000094794

1. Entity Name

MARIANA DEVELOPERS OF WEST FLORIDA, INC.

Principal Place of Business

Mailing Address

125-W ROMAMA ST STE 224  
FORT WALTON BEACH FL 32501  
US

P.O. BOX 12063  
PENSACOLA FL 32590  
US

2. Principal Place of Business

3. Mailing Address

4 LAGUNA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

City & State

FWB FLA

Zip  
32548

Country  
USA

Zip

Country

4. FEI Number 59-3477948

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

THAMES, WILLIAM K II  
125-W ROMAMA ST STE 224  
PENSACOLA FL 32501

Name TODD SCHWEIZER

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

4 LAGUNA STREET SUITE 201

24 West Chase St.

City FWB

FL

Zip Code 32548

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

4-10-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete  
NAME RUSSENBEGGER, RAY  
STREET ADDRESS 804 S PALAFOX ST  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE VP ☒ Change ☒ Addition  
NAME MIKE TAVIENO  
STREET ADDRESS 804 S PALAFOX ST 4 LAGUNA STREET SUITE 201  
CITY-ST-ZIP FWB FLA 32548

TITLE DVP ☐ Delete  
NAME SCHWEIZER, TODD  
STREET ADDRESS 804 S PALAFOX ST  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition  
NAME ~~804 S PALAFOX ST~~  
STREET ADDRESS ~~804 S PALAFOX ST~~  
CITY-ST-ZIP ~~PENSACOLA FL 32501~~

TITLE VPST ☒ Delete  
NAME MATTHEWS, JOHNNY  
STREET ADDRESS 804 S PALAFOX ST  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☒ Change ☐ Addition  
NAME ~~804 S PALAFOX ST~~  
STREET ADDRESS ~~804 S PALAFOX ST~~  
CITY-ST-ZIP ~~PENSACOLA FL 32501~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01 8503010179

CR2E034 (10/00)