

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3/01

FILED

Jun 01, 2000 8:00 am  
Secretary of State

05-03-2000 90085 002 \*\*\*150.00

DOCUMENT # P97000107241

1. Entity Name

BAHIA BEACH MARINA, INC.

Principal Place of Business

Mailing Address

305 N. TAMiami TRAIL  
RUSKIN FL 33570

PO BOX 128  
RUSKIN FL 33570-0128

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

APPLIED FOR

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

PLYE, TERRENCE F  
707 DEL WEBB BLVD  
SUN CITY CENTER FL 33573

Name **JIM GENTILE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2902 OLD ORLEANS LN**  
**PARIS**  
City **PARIS H** FL Zip Code **31119**

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	DP	<input type="checkbox"/> Delete
NAME	DICKMAN, PAUL R	
STREET ADDRESS	305 N. TAMiami TRAIL	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DICKMAN, EDWARD L	
STREET ADDRESS	2420 1ST ST SW	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DICKMAN, GLENN K	
STREET ADDRESS	ONE DICKMAN ISLAND	
CITY-ST-ZIP	RUSKIN FL 33570	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)