2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am P98000046711 DOCUMENT # **Secretary of State** 1. Entity Name 04-08-2002 90075 001 ***150.00 BIMINI'S THREE, INC. Principal Place of Business Mailing Address 870 BALD EAGLE DRIVE 870 BALD EAGLE DRIVE **SUITE 1B** SUITE 1B MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address COLLIER SLVD 997 N. COLLISA BLUP 997 \sim Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE G STE Applied For City & State City & State 4. FEI Number 59-3512885 ESL MARCO Not Applicable MARW Country \$8.75 Additional 5. Certificate of Status Desired . 🗆 34145 us-A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REINDERS JAMES REINDERS, JAMES M SIE 870 BALD EAGLE DRIVE SUITE 1B MARCO ISLAND FL 34145 marco Z8c statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above pamed er AMES M. REINDUS SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed nam of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)DP Change ☐ Delete TITLE Addition TITLE REINDERS REINDERS, JAMES M NAME NAME BLID CR2E034 997 N COLLIER 870 BALD EAGLE DR., #1B STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-7IP MARGO ISL 34175 CITY-ST-ZIP Change TINO ☐ Addition TITLE DVST ☐ Delete TITLE SNYDER, WILLIAM F NAME NAME SNYDER, WILLIAM STREET ADDRESS 997 N'COLLIEL STREET ADDRESS 870 BALD EAGLE DR., #1B CITY-ST-7IP MARCO ISLAND FL 34145 CITY-ST-ZIP MARGO TEC 34145 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 added th all other like empowered.

DW/WIAM.

D OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: