

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 07, 2000 8:00 an
Secretary of State**

02-07-2000 90034 023 ***150.00

DOCUMENT # P98000074190

1. Entity Name

MARINA BAY DEVELOPMENT CO. OF BAY COUNTY, INC.

Principal Place of Business

Mailing Address

1600 MARINA BAY DRIVE
PANAMA CITY FL 32409

1600 MARINA BAY DRIVE
PANAMA CITY FL 32409-1490

B0013828

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

59-3531629

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNONE, TONY
1600 MARINA BAY DRIVE
PANAMA CITY FL 32409**

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
Added to F**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ARNONE, THOMAS ANTHONY**
CITY-ST-ZIP **1739 THORNTON RD
PANAMA CITY FL 32409**

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

TITLE ☐ Delete
NAME **EV**
STREET ADDRESS **GARDNER, ROBERT A**
CITY-ST-ZIP **1739 THORNTON RD
PANAMA CITY FL 32409**

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

TITLE ☐ Delete
NAME **SVM**
STREET ADDRESS **LYONS KEOSKIE, PAT**
CITY-ST-ZIP **1739 THORNTON RD
PANAMA CITY FL 32409**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

**850-
265-80**

Daytime Phone #