## **.2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 07, 2001 8:00 am DOCUMENT # P99000043736 **Secretary of State** 1. Entity Name MARINE BANCORP., INC. 03-07-2001 90617 045 \*\*\*150.00 Principal Place of Business Mailing Address 11290 OVERSEAS HWY. % CONLIN & MAC MAHON, P.A. MARATHON FL 33050 P O BOX 500097 726106 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0919959 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John W. Conlin MAC MAHON, DERMOT P. Street Address (P.O. Box Number is Not Acceptable) 63 - 53RD STREET, OCEAN MARATHON FL 33050 63 53rd Street Ocean Zip Code 33050 Marathon urpose of phanging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the March 2, 2001 John W. Conlik Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Change ☐ Addition CR2E034 (10/00) TITLE TITLE DANIELS, WM. S NAME NAME STREET ADDRESS STREET ADDRESS 2341 SOMBRERO BLVD CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BUCKHEIM, RICHARD NAME STREET ADDRESS STREET ADDRESS P O BOX 430362 CITY-ST-ZIP CITY-ST-ZIP **BIG PINE KEY FL 33043** TITLE ☐ Delete TITLE ☐ Change ☐ Addition CONLIN. JOHN W NAME NAME STREET ADDRESS 63 -53RD ST., OCEAN\_ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Addition Change TITLE ☐ Delete TITLE VANSERSTERRE, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 900 CORTE DEL BRISAS CITY-ST-ZIP CITY-ST-7IP MARATHON FL 33050 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 supplied that I am an officer or director of the corporation or the reservery frustee 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 all address, influent other like empowered.

**SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Director

March 2, 2001

(305) 743-7999

Daytime Phone #