

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050439

1. Entity Name

SUN HARBOR MARINA OF PANAMA CITY, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90111 012 ***150.00

Principal Place of Business

Mailing Address

PO BOX 9875

PO BOX 9875

PANAMA CITY BEACH PA 32417

PANAMA CITY BEACH PA 32417-0275

909939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SUNHARBOR MARINA

SUNHARBOR MARINA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5505 SUNHARBOR ROAD

5505 SUNHARBOR ROAD

City & State

City & State

PANAMA CITY FL

PANAMA CITY FL

Zip

Country

Zip

Country

32401

32401

4. FEI Number

59-3579715

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

FLEMING, GEORGE R
5505 SUN HARBOR ROAD
PANAMA CITY FL 32401

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SYFRETT, T F
PO BOX 9875
PANAMA CITY BEACH PA 32417

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
FLEMING, GEORGE R
PO BOX 9875
PANAMA CITY BEACH PA 32417

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SYFRETT, TROY F JR.
PO BOX 9875
PANAMA CITY BEACH PA 32417

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLEMING, MAX
PO BOX 9875
PANAMA CITY BEACH PA 32417

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SYFRETT, JAMES E
PO BOX 9875
PANAMA CITY BEACH PA 32417

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

850
785 0551

Daytime Phone #