

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096165

1. Entity Name

MILE MARKER MARINA, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90016 034 ***558.50

Principal Place of Business

Mailing Address

4765 Estero Blvd.
Fort Myers Beach, FL 33931

A3067518

2. Principal Place of Business

3. Mailing Address

1710 Dixie Beach Blvd.
Suite, Apt. #, etc.

1633 Periwinkle Way
Suite A

DO NOT WRITE IN THIS SPACE

City & State

City & State

Sanibel, Florida

Sanibel, Florida

4. FEI Number

Applied For

Zip

Country

Zip

Country

33957

USA

33957

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURTY, TIMOTHY J.
1633 Periwinkle Way
Suite A
Sanibel, Florida 33957

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	PSTD	<input type="checkbox"/> Delete
NAME	IANELLI, THEODORE J	
STREET ADDRESS	1710 Dixie Beach Blvd.	
CITY-ST-ZIP	Sanibel, Florida 33957	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLAB, FRANK	
STREET ADDRESS	5610 SW 9th Avenue	
CITY-ST-ZIP	Cape Coral, Florida 33914	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IANELLI, JAMES	
STREET ADDRESS	1710 Dixie Beach Blvd.	
CITY-ST-ZIP	Sanibel, Florida 33957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURTY, TIMOTHY J.	
STREET ADDRESS	1633 Periwinkle Way, Suite A	
CITY-ST-ZIP	Sanibel, Florida 33957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST. CLAIR, RONALD W.	
STREET ADDRESS	1703 Breezy Acres Road	
CITY-ST-ZIP	Orwigsburg, Pennsylvania 17961	
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

7/6/2000

Date

941-472-1000

Daytime Phone #

CR2E034 (9/99)