

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13909

1. Entity Name

MEDITERRANEAN CAPITAL CORPORATION

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90156 028 ***150.00

Principal Place of Business

595 BAY ISLES ROAD
SUITE 120
LONGBOAT KEY FL 34228

Mailing Address

595 BAY ISLES ROAD
SUITE 120
LONGBOAT KEY FL 34228

2. Principal Place of Business

3. Mailing Address

70 LIGHTHOUSE POINT DRIVE 70 LIGHTHOUSE POINT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longboat Key, FL.

City & State

Longboat Key, FL.

4. FEI Number

65-0316324

Applied For

Not Applicable

Zip

34228

Country

USA

Zip

34228

Country

USA

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

EBIN, JOHN P.
595 BAY ISLES ROAD
SUITE 120
LONGBOAT KEY FL 34228

Name

EBIN, JOHN P.

Street Address (P.O. Box Number is Not Acceptable)

70 LIGHTHOUSE POINT DRIVE

City

Longboat Key, FL

Zip Code

34228

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

JOHN P. EBIN President

1-05-01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	EBIN, JOHN P.	
STREET ADDRESS	595 BAY ISLES ROAD, SUITE 120	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	EBIN, EILEEN M.	
STREET ADDRESS	595 BAY ISLES ROAD, SUITE 120	
CITY-ST-ZIP	LONGBOAT KEY FL	
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	PBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBIN JOHN P.	
STREET ADDRESS	70 LIGHTHOUSE POINT DRIVE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBIN, EILEEN M.	
STREET ADDRESS	70 LIGHTHOUSE POINT DRIVE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

JOHN P. EBIN President

1-05-01

941-387-9878

CR2E034 (10/00)