

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 03, 2000 8:00 am**
Secretary of State

03-03-2000 90233 024 ***150.00

DOCUMENT # V17514

1. Entity Name

MARCO BEACH ASSOCIATES, INC.

Principal Place of Business

**900 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145
US**

Mailing Address

**900 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145-2741
US**

00001117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0329168

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MALLOY, WILLIAM T
900 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145**

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 State10. 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
NAME ANTARAMIAN, JACK J
STREET ADDRESS 3725 FT. CHARLES DRIVE
CITY-ST-ZIP NAPLES FL 34102 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME NASSIF, DAVID E SR.
STREET ADDRESS 51 SCOTCH PINE ROAD
CITY-ST-ZIP WELLESLEY MA 02181 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S
NAME MALLOY, WILLIAM T
STREET ADDRESS 776 EAGLE CREEK DRIVE #301
CITY-ST-ZIP NAPLES FL 34113 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE V
NAME PARLIPANO, SILVIO
STREET ADDRESS 789 CARIBBEAN CT.
CITY-ST-ZIP MARCO ISLAND FL 34145 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE V
NAME Deborah Ellen Skrzynski
STREET ADDRESS 1811 Dogwood Drive
CITY-ST-ZIP Marco Island, FL 34145 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: William T. Malloy, Secretary *William T Malloy* 2/25/2000 941 394-2505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)