

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90032 048 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> V49465			
<b>1. Entity Name</b> OUTRIGGER HARBOUR MARINA, INC.			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
2. Principal Place of Business Paul K. Hines, Esq. Suite, Apt. #, etc. Suite 200 33 SE Monterey Cmns Blvd City & State Stuart, Florida		3. Mailing Address Rita M. Armstrong Suite, Apt. #, etc. 41 High Point Road City & State Stuart, Florida	
34996	USA	34996	Country USA

4. FEI Number 65-0343872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Armstrong, Rita M. 41 West High Point Road Stuart, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V McGowan, John 819 S. Federal Highway Stuart, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Rita M. Armstrong, President - 7/20/2000

CR2E037 (9/99)