

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90105 038 \*\*\*150.00

**DOCUMENT # V51150**

1. Entity Name

MARINA LANDING, INC.

Principal Place of Business

6315 WESTGATE DR.  
 ORLANDO FL 32811  
 US

Mailing Address

7575 DR. PHILLIPS BLVD  
 STE 305  
 ORLANDO FL 32819  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3133567

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

B&C CORP. SERV. OF CENTRAL FL., INC.

390 N ORANGE AVENUE

Suite 1100

ORLANDO FL 32801

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, 2002 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 **P** ☐ Delete  
 NAME **BROWN, DAVID C II**  
 STREET ADDRESS **390 N. ORANGE AVE. SUITE 1100**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **P** ☒ Change ☐ Addition  
 NAME **BROWN, C. DAVID II**  
 STREET ADDRESS **390 N. ORANGE AVE. Suite 1100**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **V** ☐ Delete  
 NAME **ROSEN, ROBERT T**  
 STREET ADDRESS **390 N. ORANGE AVENUE., SUITE 1100**  
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **V** ☐ Delete  
 NAME **ALLIGOOD, RANDAL M**  
 STREET ADDRESS **390 N. ORANGE AVENUE, SUITE 1100**  
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **ST** ☐ Delete  
 NAME **MYERS, JANICE**  
 STREET ADDRESS **390 N. ORANGE AVENUE, SUITE 1100**  
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete  
 NAME **ASSAF, ASSAF H**  
 STREET ADDRESS **7575 DR. PHILLIPS BLVD. SUITE 305**  
 CITY-ST-ZIP **ORLANDO FL 32819**

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:

*Robert T. Rosen* **ROBERT T. ROSEN, VICE PRESIDENT 2/20/02 (407) 839-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0105745 AV

CR2E034 (9/01)