

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0113187 AV

DOCUMENT # V51150

1. Entity Name  
MARINA LANDING, INC.



FILED

03 APR 16 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

390 N. Orange Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1100

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32801

4. FEI Number

59-3133567

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, DAVID C II	
STREET ADDRESS	390 N. ORANGE AVE. SUITE 1100	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSEN, ROBERT T	
STREET ADDRESS	390 N. ORANGE AVENUE., SUITE 1100	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLIGOOD, RANDAL M	
STREET ADDRESS	390 N. ORANGE AVENUE, SUITE 1100	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MYERS, JANICE	
STREET ADDRESS	390 N. ORANGE AVENUE, SUITE 1100	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASSAF, ASSAF H	
STREET ADDRESS	7575 DR. PHILLIPS BLVD. SUITE 305	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. DAVID BROWN II	
STREET ADDRESS	390 N. ORANGE AVE, SUITE 1100	
CITY-ST-ZIP	ORLANDO FL 32801	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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:

**SIGNATURE REQUIRED**

C. DAVID BROWN II 4/11/03

407-839-4202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)