

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90004 046 \*\*\*150.00

**DOCUMENT # P95000046212**

1. Entity Name

**7 MILE MARINE CENTER INC.**

Principal Place of Business

Mailing Address

**1100 OVERSEAS HWY  
 MARATHON FL 33050  
 US**

**1100 OVERSEAS HWY  
 MARATHON FL 33050-2014  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0596129**

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

**GREENMAN, FRANKLIN D  
 5800 OVERSEAS HIGHWAY  
 SUITE 40  
 MARATHON FL 33050**

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 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	PIERCE, CHARLES	
STREET ADDRESS	1-47TH ST. GULF	
CITY-ST-ZIP	MARATHON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NELSON, CALE	
STREET ADDRESS	1100 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, JAMES	
STREET ADDRESS	1-47TH ST. GULF	
CITY-ST-ZIP	MARATHON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GIFFORD, SHERRY	
STREET ADDRESS	1100 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIEGOR, JOHN	
STREET ADDRESS	1100 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> Delete
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		
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:

*Sherry Gifford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/00*  
 Date

*305-743-3960*  
 Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED 01-14-2000