

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702727

1. Entity Name

FLORIDA COUNCIL OF YACHT CLUBS, INC.

Principal Place of Business

Mailing Address

C/O ST. PETERSBURG YACHT CLUB
11 CENTRAL AVE.
ST. PETERSBURG FL 33701

C/O ST. PETERSBURG YACHT CLUB
11 CENTRAL AVE.
ST. PETERSBURG FL 33701-3919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTERS, BRUCE, JR.
224 BEACH DR. N.E.
ST. PETERSBURG FL 33701

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SCHANTINI, JOHN G
1158 OAK GATE CIRCLE
ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SCHANTINI, John G
1158 OAK GATE CIRCLE
ALTAMONTE SPRINGS, FL 32714 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHEFFER, JULES E.
1027 BERKSHIRE DR
TARPOON SPRINGS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
VINCENT PALERMO
2254 6TH AVE SE
VERO BEACH FL ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GROAT, RICHARD
3020 UNSTER CIRCLE
VALRICO FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KOLFLAT, TOR
2713 BUCKTHORN WAY
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KOLFLAT, TOR
2713 BUCKTHORN WAY
NAPLES FL ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
YEAKEY, GLENN R.
495 13TH AVE S
NAPLES FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ELDRIDGE, CHARLES
5406 CRESCENT DRIVE
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ELDRIDGE, CHARLES
5406 CRESCENT DRIVE
TAMPA, FL ☒ Change ☐ Add

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90129 042 ****61.25

C0010859



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7421540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required