

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90036 019 ****61.25

DOCUMENT # 715425

1. Entity Name

LONGBOAT ARMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

LONGBOAT ARMS ASSOCIATION, INC.
 3330 GULF OF MEXICO DR #203-D
 LONGBOAT KEY FL 34228-2820

LONGBOAT ARMS ASSOCIATION, INC.
 3330 GULF OF MEXICO DR #203-D
 LONGBOAT KEY FL 34228-2820

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 **59-1417083**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONGBOAT ARMS ASSOC. INC
 5620 GULF OF MEXICO DR #6
 LONGBOAT KEY FL 34228-2820

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	SD	<input type="checkbox"/> Delete
NAME	MARY NEILL	
STREET ADDRESS	3330 GULF OF MEXICO DR #203D	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NANCY CADOT	
STREET ADDRESS	3328 GULF OF MEXICO DR #206C	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOCHNER, RICHARD	
STREET ADDRESS	3330 GULF OF MEXICO DR #203D	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	DT	<input type="checkbox"/> Delete
NAME	EAGLETON, JACK	
STREET ADDRESS	3320 GULF OF MEXICO DR #C302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	AD	<input type="checkbox"/> Delete
NAME	ELVA ROBERTS	
STREET ADDRESS	3320 GULF OF MEXICO DR #304C	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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)(f), 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

Richard Lochner
Richard Lochner

Date

Daytime Phone #

1.30.00 *387 9985*