## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Feb 01, 2000 8:00 am **DOCUMENT # 715592** Secretary of State SANFORD YACHT CLUB, INC. 02-01-2000 90105 048 \*\*\*\*61.25 Principal Place of Business Mailing Address NEWKIRK. SHARON NEWKIRK. SHARON 2418 PRINCESS CAROL COURT 2418 PRINCESS CAROL COURT ORLANDO FL 32807-8524 ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable Zip Ζip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **VOLENTINE, CLAUDETTE** 3209 TALL PINE CIR ST CLOUD FL 34771 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 **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, PD VD. ☐ Delete TITLE Change Change Addition TITLE STUPRT, DON 4540 KOSER ST STUART, DON NAME NAME STREET ADDRESS STREET ADDRESS 5400 KOGER ST CITY-ST-ZIP ORIANDO, FI CITY-ST-ZIP ORLANDO FL 32812 Addition ☐ Change **Delete** TITLE TITLE D Gayle Namolman NAME NAME Jacobs, Jay 507 TEAKWOOD DR. STREET ADDRESS STREET ADDRESS 204 LARKWOOD DR. CITY-ST-7IE CITY-ST-ZIP SANFORD FL 32771 Delete TITLE ☐ Change Addition VOLENTINE, CLAUDETTE NAME NAME STREET ADDRESS STREET ADDRESS 3209 TALL PINE CIR CITY-ST-7IP CITY-ST-ZIP ST. CLOUD FL 34771 ☐ Change Addition TD Delete TITLE PULSIFER, DOROTHY NAME NAME STREET ADDRESS 745 AMBER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 ☐ Addition ☐ Delete TITLE TITLE RASE, JACK NAME STREET ADDRESS STREET ADDRESS 7023 HARBORVIEW DR CITY-ST-ZIP CITY-ST-7IP LEESBURG FL 34788 ☐ Delete TITLE ☐ Change Addition TITLE VOLENTINE, MIKE NAME NAME STREET ADDRESS 3209 TALL PINES CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 32810 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, OO

SIGNATURE:

**407**