2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90033 007 ****61.25

DOCUMENT # 719488

1. Entity Name

APALACHEE BAY YACHT CLUB, INC.

Principal Place of Business	Mailing Address
69 HARBOUR POINT DRIVE CRAWFORDVILLE FL 32327 US	P. O. BOX 5673 TALLAHASSEE FL 32314

D0036694

DO NOT WRITE IN THIS SPACE

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 59-2441392 ☐ 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
BJERREGAARD, MARCIA 171 HARBOUR POINT DR. CRAWFORDVILLE FL 32327	Name: ROSS, KINGSLEY Street Address (P.O. Box Number is Not Acceptable): 443 HARBOUR POINT DR City: CRAWFORDVILLE **FL** Zip Code: 32327

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 _____ 4/9/01
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	VD OOSTERHOF, AL 177 HARBOUR POINT DR. CRAWFORDVILLE FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSS, KINGSLEY 443 HARBOUR POINT DR CRAWFORDVILLE FL 32327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ D BJERREGAARD, MARCIA 171 HARBOUR POINT DR. CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHUBB, RUSSELL 443 HARBOUR POINT DR CRAWFORDVILLE, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, JOHN 36 PEBBLE CT CRAWFORDVILLE FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NOVINGER, BETH	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALBERT, STEVE 155 MORIAH CREEK RD CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEVE AUGUSTINE 1410 WEKEWA TERR TALLAHASSEE, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CLEVELAND, ANTHONY 3406 DONDACK DR. TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZABALDO, DARRELL 2750 OLD ST AUGUSTINE RD APT M136 TALLAHASSEE, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KINGSLEY, ROSS 443 HARBOUR POINT DR. CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BJERREGAARD, MARCIA 171 HARBOUR POINT DR CRAWFORDVILLE, FL 32327	☒ Change ☐ Addition

CR2E037 (10/00)

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: _____ TITLE REQUIRED 4/9/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #