2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
03-18-2002 90077 022 ****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

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
ROSS, KINGSLEY 443 HARBOUR POINT DRIVE CRAWFORDVILLE FL 32327	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 CHUB, RUSSELL 43 HARBOUR POINT DRIVE CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BJERRE GAARD, MARCIA 171 HARBOUR POINT DR. CRAWFORDVILLE FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FUCHS, LARRY 3058 WATERFORD DR. TALLAHASSEE, FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUGUSTINE, STEVE 1410 WEKEWA NENE TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ 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 RENOVITCH, PAT 1056 GREEN HILL TRACE TALLAHASSEE, FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZABALDO, DARRELL 2750 OLD SAINT AUGUSTINE ROAD #M136 TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WERNDLI, JACKIE 3272 RUE DE LAFITTE TALLAHASSEE FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KINGSLEY, ROSS 43 HARBOUR POINT DRIVE CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition

CR2E037 (9/01)

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: Larry Fuchs LARRY FUCHS 3/4/02 222-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #