2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725810

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90060 021 ****61.25

1. Entity Name

PELICAN YACHT CLUB, INC.

Principal Place of Business	Mailing Address
1120 SEAWAY DR FT PIERCE FL 34949 US	1120 SEAWAY DR FORT PIERCE FL 34949-3146 US

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 59-0572390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FEE, F. H. III
401-A SOUTH INDIAN RIVER DR.
FT PIERCE FL 34950

7. Name and Address of New Registered Agent

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	DPC	☒ Delete	TITLE	COMMODORE (DIRECTOR)	☒ Change ☐ Addition
NAME	GATES,JR, PHILIP C		NAME	DR. MICHAEL DENNIS	
STREET ADDRESS	711 S INDIAN RIVER DR		STREET ADDRESS	165 S. SEWELLS POINT	
CITY-ST-ZIP	FT PIERCE FL		CITY-ST-ZIP	SEWELLS POINT, FL 34996	
TITLE	DC	☐ Delete	TITLE	PAST COMMODORE (DIRECTOR	☒ Change ☐ Addition
NAME	BREUIL, JOHN R		NAME	JOHN BREUIL	
STREET ADDRESS	1023 HISPANA AVE		STREET ADDRESS	1023 HISPANA AVE.	
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	VC	☐ Delete	TITLE	VICE COMMODORE (DIRECTOR	☒ Change ☐ Addition
NAME	MICHAEL, DR. DENNIS		NAME	HAROLD MELVILLE	
STREET ADDRESS	165 S SEWALLS PT RD		STREET ADDRESS	2940 S. 25th STREET	
CITY-ST-ZIP	SEWALLS POINT FL		CITY-ST-ZIP	FT. PIERCE, FL 34981	
TITLE	DT	☐ Delete	TITLE	REAR COMMODORE (DIRECTOR	☒ Change ☐ Addition
NAME	GRAY, HARRY		NAME	HARRY GRAY	
STREET ADDRESS	505 S 2ND ST SUITE 230		STREET ADDRESS	505 S. 2nd ST. STE 230	
CITY-ST-ZIP	FT PIERCE FL		CITY-ST-ZIP	FT. PIERCE 34950	
TITLE	S	☒ Delete	TITLE	TREASURER (DIRECTOR)	☐ Change ☒ Addition
NAME	HARVEY, MARY ANN		NAME	WILLIAM FURST	
STREET ADDRESS	2400 S OCEAN DR #6416		STREET ADDRESS	2601 S. INDIAN RIVER DRIVE	
CITY-ST-ZIP	FT PIERCE FL		CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE	RC	☐ Delete	TITLE	SECRETARY (DIRECTOR)	☐ Change ☒ Addition
NAME	MELVILLE, HAROLD		NAME	RITA STIKELETHER	
STREET ADDRESS	2940 S 25TH ST		STREET ADDRESS	801 S. OCEAN DRIVE #1001	
CITY-ST-ZIP	FT PIERCE FL		CITY-ST-ZIP	FT. PIERCE, FL 34949	

CR2E037 (9/99)

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.

13 MAR 2000

SIGNATURE: Michael Dennis MICHAEL DENNIS 561-464-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #