

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90138 005 ****61.25

DOCUMENT # 725810

1. Entity Name

PELICAN YACHT CLUB, INC.



Principal Place of Business

**1120 SEAWAY DR
FT PIERCE FL 34949
US**

Mailing Address

**1120 SEAWAY DR
FORT PIERCE FL 34949
US**

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC MELVILLE, HAROLD 2940 S 25TH STREET FORT PIERCE FL 34981	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC GRAY, HARRY 505 S. 2nd St. Ste. 230 Ft. Pierce, FL 34950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GRAY, HARRY 505 S 2ND STREET FORT PIERCE FL 34950	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GORMAN, ROBERT 1209 Delaware Ave. Ft. Pierce, FL 34950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GORMAN, ROBERT 1209 DELAWARE AVE FORT PIERCE FL 34950	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BRYANT, WILLIAM 1550 Old Dixie Hwy. Vero Beach, FL 32960	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FURST, WILLIAM 5212 FEATHER CREEK DR FORT PIERCE FL 34951	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LYNCH, RICK 2502 N. Indian River Dr. Ft. Pierce, FL 34946	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YATES, CAMILLE 2303 OAK DRIVE FORT PIERCE FL 34949	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YATES, CAMILLE 719-Georgia Ave. Ft. Pierce, FL 34950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC BRYANT, WILLIAM 1550 OLD DIXIE HWY VERO BEACH FL 32960	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC DAN FULLER 2500 Harbour Cove Dr. Ft. Pierce, FL 34949	☐ Change ☒ Addition

CR2E037 (10/02)

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:

Camille Yates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/03 772-460-601