

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735204

1. Entity Name

THE ISLAND ESTATES YACHT CLUB, INC.

Principal Place of Business

Mailing Address

C/O PATRICIA OSTROSKY
311 PALM IS. SE
CLEARWATER FL 33767
US

C/O PATRICIA OSTROSKY
311 PALM IS. SE
CLEARWATER FL 33767
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2418802

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STURBLE, LINDA
3571 EDINGTON WAY
PALM HARBOR FL 34685

Name SAKEY, ALBERT Commodore
Street Address (P.O. Box Number is Not Acceptable) 240 WINDWARD PASSAGE #101
CLEARWATER
City FL Zip Code 33767

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

Albert A. Sakey

Albert A. Sakey

3/5/02

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW; FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, JOHN	
STREET ADDRESS	ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	RC	<input type="checkbox"/> Delete
NAME	FAZZINA, THOMAS	
STREET ADDRESS	660 ISLAND WAY 707	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANGANELLO, DONNA	
STREET ADDRESS	750 ISLAND WAY #703	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S	<input type="checkbox"/> Delete
NAME	HECKERT, JOHN	
STREET ADDRESS	654 SNUG ISLAND	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S	<input type="checkbox"/> Delete
NAME	STURBLE, LINDA	
STREET ADDRESS	3571 EDINGTON WAY	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, PATRICIA	
STREET ADDRESS	435 LAKEVIEW DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	REAR VICE COMMODORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL PITSO	
STREET ADDRESS	325 LEEWARD IS	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VICE COMMODORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORRAINE PIERCE	
STREET ADDRESS	3 SEASIDE LANE #201	
CITY-ST-ZIP	BELLEAIR, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	405 AITHEA RD	
CITY-ST-ZIP	BELLEAIR, FL 33756	

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:

Albert A. Sakey ALBERT A. Sakey

3/5/02

727-447-6716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)