

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90478 032 \*\*\*\*61.25

**DOCUMENT # 745064**

1. Entity Name

**COCOA BEACH BOATING CLUB, INC.**

00070040



DO NOT WRITE IN THIS SPACE

Principal Place of Business 645 S. ATLANTIC AVE. COCOA BEACH FL 32931 US	Mailing Address 645 S. ATLANTIC AVE. COCOA BEACH FL 32931-2517 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 784, Cocoa Beach, FL	
City & State		Suite, Apt. #, etc. 32931-0784	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1889055</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent

**HUEY, SAM**  
**645 S. ATLANTIC AVE.**  
**COCOA BEACH FL 32931**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GANNON, FRANCIS X</b> <b>630 S BREVARD AVE #1117</b> <b>COCOA BEACH FL 32931</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VB</b> <b>SOLLWEILER, OLLIE</b> <b>30 YAWL DRIVE</b> <b>COCOA BEACH FL 32931</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GANNON, MARY</b> <b>630 S BREVARD AVE, APT 1117</b> <b>COCOA BEACH FL 32931</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FLANAGAN, NINA</b> <b>590 S BREVARD AVE</b> <b>COCOA BEACH FL 32931</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NATZKER, HENRY</b> <b>3950 OCEAN BEACH BLVD</b> <b>COCOA BEACH FL 32931</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, GWEN</b> <b>530 S BREVARD AVE</b> <b>COCOA BEACH FL 32931</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FOLLWEILER</b> <b>30 Yawl Drive</b> <b>Cocoa Beach, FL 32931</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>2090 N. Atlantic Avenue #401</b> <b>Cocoa Beach, FL 32931</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROOT, EPIE</b> <b>540 S Brevard Avenue #447</b> <b>Cocoa Beach, FL 32931</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HANCE, DONALD R.</b> <b>32 Yawl Drive</b> <b>Cocoa Beach, FL 32931</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, GWEN</b> <b>530 S Brevard Avenue #325</b> <b>Cocoa Beach, FL 32931</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDERSON, CHRIS</b> <b>570 S Brevard Avenue #714</b> <b>Cocoa Beach, FL 32931</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald R. Hance* **Donald R. Hance** (321) 783-5455  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)