

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90034 049 \*\*\*\*70.00

**DOCUMENT # 745064**  
 1. Entity Name  
 COCONA BEACH BOATING CLUB

Principal Place of Business Mailing Address  
 645 S. ATLANTIC AVE P.O. Box 784  
 COCONA BEACH, FL 32931 COCONA BEACH, FL  
 US 32931-0784

**C0062902**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
 Zip Country Zip Country

4. FEI Number 59-1889055 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HUEY, SAM  
 645 S. ATLANTIC AVE  
 COCONA 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 \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FULLWEILER, OLLIE <input checked="" type="checkbox"/> Delete 30 YAWL DRIVE COCONA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/D KRONBERG, GEORGE <input checked="" type="checkbox"/> Delete 2090 N. ATLANTIC AVE #401 COCONA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ROOT, LEPPIE <input type="checkbox"/> Delete 500 S. BREVARD AVE #447 COCONA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HANCE, DONALD R. <input type="checkbox"/> Delete 32 YAWL DRIVE COCONA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, GWEN <input checked="" type="checkbox"/> Delete 550 S. BREVARD AVE #325 COCONA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, CHRIS <input type="checkbox"/> Delete 570 S. BREVARD AVE #714 COCONA BEACH, FL 32931

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CRUSEY, HOWARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 190 PINELLAS LANE #411 COCONA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D WHALLEY, DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 129 LA PIVIANA ROAD COCONA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLWEILER, OLLIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 YAWL DRIVE COCONA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 4/26/01 (321) 703-5455  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED37 (11/00)