

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90064 046 ****70.00

DOCUMENT # 745064

1. Entity Name

COCOA BEACH BOATING CLUB, INC.

Principal Place of Business

Mailing Address

645 S. ATLANTIC AVE.
 COCOA BEACH FL 32931
 US

P.O. BOX 784
 COCOA BEACH FL 32931-0784
 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

59-1889055

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Delete
 NAME **PD CRUSEY, HOWARD**
 STREET ADDRESS **190 PINELLAS LANE, STE 411**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE Change Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD WHALEY, DAVID**
 STREET ADDRESS **129 LA RIVIERA ROAD**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE Change Addition
 NAME **VPD COLLINS, THOMAS**
 STREET ADDRESS **620 S. BREVARD AVE. #1014**
 CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE Delete
 NAME **SD ROOT, EPPIE**
 STREET ADDRESS **540 S BREVARD AVE, STE 447**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE Change Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T HANCE, DONALD R WHALEY, ALICE**
 STREET ADDRESS **32 YAUL DRIVE 129 LA RIVIERE RD**
 CITY-ST-ZIP **COCOA BEACH FL 32931 COCOA BEACH, FL 32931**

TITLE Change Addition
 NAME **TD FOY, LAWRENCE**
 STREET ADDRESS **125 W. LEON LANE**
 CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE Delete
 NAME **D ANDERSON, CHRIS**
 STREET ADDRESS **570 S BREVARD AVE**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE Change Addition
 NAME **D SMITH, DELORES**
 STREET ADDRESS **660 S. BREVARD AVE. #1545**
 CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE Delete
 NAME **D FOLLWEILER, OLLIE**
 STREET ADDRESS **30 YAUL DRIVE**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE Change Addition
 NAME **D HUEY, SAM**
 STREET ADDRESS **645 S. ATLANTIC AVE.**
 CITY-ST-ZIP **COCOA BEACH, FL 32931**

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:

Allice Whaley ALICE WHALEY

3/8/02

321-783-7915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/01)