

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748718

1. Entity Name

PALM COAST YACHT CLUB, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90125 030 ****61.25

Principal Place of Business

Mailing Address

1 YACHT CLUB DRIVE
PALM COAST FL 32137
US

1 YACHT CLUB DRIVE
PALM COAST FL 32137-4300
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2287093

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

TRAYER, ORADELL D
9 CROW COURT
PALM COAST FL 32137

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 **PC/D** **Change** ☐ Delete
NAME **MORENO, PETER**
STREET ADDRESS **13 CONTER COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **VICE COMMODORE/D** ☐ Change ☒ Addition
NAME **JOHN MULLEN**
STREET ADDRESS **29 COLLINGTON COURT**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **PCD** ☒ Delete
NAME **FERRAZ, MARK**
STREET ADDRESS **33 ISLAND ESTATES PARKWAY**
CITY-ST-ZIP **PALM COAST FL**

TITLE **REAR COMMODORE/D** ☐ Change ☒ Addition
NAME **CLIFFORD LEWIS**
STREET ADDRESS **26 CROSSBOW COURT**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **SD** ☐ Delete
NAME **DAVIS, EVELYN**
STREET ADDRESS **13 FLAMETREE COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **FLEET CAPTAIN/D** ☐ Change ☒ Addition
NAME **JOHN ANDERSON**
STREET ADDRESS **18 PINEHURST PL**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **TD** ☐ Delete
NAME **TRAYER, ORADELL**
STREET ADDRESS **9 CROW COURT**
CITY-ST-ZIP **PALM COAST FL**

TITLE **COMMODORE/D** ☐ Change ☒ Addition
NAME **EDWARD SILBERNAGEL**
STREET ADDRESS **2 CEDARFORD COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **AT** ☐ Delete
NAME **SQUIRES, EDWARD C.**
STREET ADDRESS **11 CHERRYTREE COURT**
CITY-ST-ZIP **PALM COAST FL**

TITLE **D** ☐ Change ☒ Addition
NAME **THEODORE CAVOORIS**
STREET ADDRESS **16 CHIPPEWAY COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **COMMODORE/D** ☐ Delete
NAME **BRIGGS EDNEY**
STREET ADDRESS **48 COTTONWOOD COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D** ☐ Change ☒ Addition
NAME **BRIGGS EDNEY**
STREET ADDRESS **48 COTTONWOOD COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

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: **SIGNATURE REQUIRED**

1/10/00

904-445-1308

Robert HOPKINS
5 CLASSIC COURT N.
PALM COAST, FL 32137

D Addition
JOEL PEARSON
8 CAMPBELL COURT
PALM COAST FL 32137

D Addition
DUDLEY THOMAS
22 CHEROKEE CT. E
PALM COAST FL 32137