

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754671

1. Entity Name

SAILFISH YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

504 US HWY 98 EAST  
DESTIN FL 32541

Mailing Address

504 US HWY 98 EAST  
DESTIN FL 32541-2328

2. Principal Place of Business

Destin

Suite, Apt. #, etc.

3. Mailing Address

505 Hwy 98E

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

Zip

32541

Country

4. FEI Number

59-2250351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARDWICK, MAX M.  
504 HIGHWAY 98E  
DESTIN FL 32541

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

*Max M. Hardwick* MAX M. HARDWICK

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	SUTHERLAND, WILLIAM B	
STREET ADDRESS	900 ALBERTA ST.	
CITY-ST-ZIP	ENTERPRISE AL 36330	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUBACKER, EARL F JR	
STREET ADDRESS	12280 S 7TH ST	
CITY-ST-ZIP	LILLIAN AL 36549	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANDVOSS, DORIS A	
STREET ADDRESS	607 WESTWOOD DR.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDVOSS, BERT	
STREET ADDRESS	607 WESTWOOD DR.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREEN, ELLSWORTH	
STREET ADDRESS	41925 DANTZLER RD.	
CITY-ST-ZIP	OCEAN SPRINGS MS 39564	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERDRICKS, RALPH	
STREET ADDRESS	8724 CHUMULKA HWY	
CITY-ST-ZIP	MILTON FL 32571	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria G. Peterson	
STREET ADDRESS	P O Box 117	
CITY-ST-ZIP	Lillian, AL 36549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Earl F. Hubacker* EARL F. HUBACKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)