

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-15-2000 90059 029 ****66.25

DOCUMENT # 756319

1. Entity Name

NETTLES ISLAND YACHT CLUB, INC.

Principal Place of Business

NETTLES ISLAND
 JENSON BEACH FL 34957
 US

Mailing Address

9801 S. OCEAN DR.
 JENSEN BCH FL 34957-2399
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
 34957

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
 34957

Country

St. Lucia

4. FEI Number

59-2243889

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

MARSHAL, HENRYETTE E
1080 NETTLES BLVD.
JENSEN BCH FL 34957-3385

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

Henryette E Marshall

Treasurer

Feb 10, 2000

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

126.25

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	C D	<input type="checkbox"/> Delete
NAME	VITALE, JAMES	<i>(D)</i>
STREET ADDRESS	448 NETTLES BLVD.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, GORDON	<i>(D)</i>
STREET ADDRESS	848 NETTLES BLVD.	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	VC D	<input type="checkbox"/> Delete
NAME	AMRHEIN, ROBERT	<i>(D)</i>
STREET ADDRESS	575 NETTLES BLVD.	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VITALE, BARBARA	
STREET ADDRESS	448 NETTLES BLVD.	
CITY-ST-ZIP	JENSEN BCH FL 34957	
TITLE	P (CT)	<input type="checkbox"/> Delete
NAME	MARSHALL, EDWARD	<i>(D)</i>
STREET ADDRESS	1080 NETTLES BLVD.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	T Treasurer	<input type="checkbox"/> Delete
NAME	MARSHALL, HENRYETTE	<i>(D)</i>
STREET ADDRESS	1080 NETTLES BLVD.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE MOREA	
STREET ADDRESS	427 NETTLES BLVD.	
CITY-ST-ZIP	JENSEN BCH, FL. 34957	
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	DIANA MCNTUSI	
STREET ADDRESS	378 NETTLES BLVD.	
CITY-ST-ZIP	JENSEN BCH, FL. 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1080 Nettles Blvd	
STREET ADDRESS	Jensen Beach, FL 34957	
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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 2000 561-229-1158

Date

Daytime Phone #

CR2E037 (9/99)