

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90138 034 ****61.25

DOCUMENT # 765125

1. Entity Name

PENSACOLA BEACH YACHT CLUB, INC.

Principal Place of Business

715 PENSACOLA BCH BLVD
 PENSACOLA FL 32561
 US

Mailing Address

P OBOX 1112
 GULBREEZE FL 32561
 US

DU100110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2285482

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

KONCAN, BARRY
5158 SOUNDSIDE DR
GULF BREEZE FL 32561

Name Tom Whitehurst
 Street Address (P.O. Box Number is Not Acceptable)
7702 B Kipling St
 City Pensacola FL Zip Code 32514

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

9-1-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	CD	<input type="checkbox"/> Delete
NAME	STANLEY, JOE	
STREET ADDRESS	1410 VIA DELUNA	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ROBINSON, CAROL	
STREET ADDRESS	1070 BAYSHORE RD #E	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KONCAN, BARRY	
STREET ADDRESS	5158 SOUNDSIDE DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, FITZ	
STREET ADDRESS	5218 WSETWIND CIR	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUNBAR, RICHARD	
STREET ADDRESS	500 DEER POINT DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SIMMONS, TIM	
STREET ADDRESS	811 MALDON RD.	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	

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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Tom Whitehurst</u>	
STREET ADDRESS	<u>7702 B Kipling St</u>	
CITY-ST-ZIP	<u>Pensacola, FL 32514</u>	
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:

[Handwritten Signature]

9-1-02 595-4985

CR2E037 (4/02)