

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769104

1. Entity Name

GULF WINDS SAILING CLUB, INC.

Principal Place of Business

POST OFFICE BOX 881  
NEW PT. RICHEY FL 34656

Mailing Address

POST OFFICE BOX 881  
NEW PT. RICHEY FL 34656

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

59-1851993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THORNTON, RONALD G.  
10816 U.S. HWY. 19  
PORT RICHEY FL 33568

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

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	CD	<input checked="" type="checkbox"/> Delete
NAME	FORTER, ROLAND	
STREET ADDRESS	4459 DESPAEZ CT	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	KYENY, JOHN	
STREET ADDRESS	4919 DORY DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARR, BECKY	
STREET ADDRESS	4934 BONITO DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENICHER, PETE	
STREET ADDRESS	4845 SHELL STREAM BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARSON, RAY	
STREET ADDRESS	5424 SALTAMONE DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENNIE, BILL	
STREET ADDRESS	1607 HAVEN BEND	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALMGREEN, ROBERT	
STREET ADDRESS	P.O. Bx 712	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34656	
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:

ROBERT J. ALMGREEN

727-514-2305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90068 015 \*\*\*\*\*61.25

706985



DO NOT WRITE IN THIS SPACE