

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90153 023 ****61.25

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

7. Name and Address of New Registered Agent

**LOTZ, KAREN
3618 CORSAIR CT
NEW PORT RICHEY FL 34652**

Name **CYNTHIA MARTINEZ**

Street Address (P.O. Box Number is Not Acceptable)

15032 HARMON DRIVE

City **SPRINGHILL**

FL

Zip Code **34610**

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

Cynthia Martinez

CYNTHIA MARTINEZ

01/27/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Delete
NAME **KUENY, JON**
STREET ADDRESS **4919 DORY DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **CD** ☒ Change ☐ Addition
NAME **RAY CARSON**
STREET ADDRESS **3557 SEAWAY DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL #\$\$\$%**

TITLE **VCD** ☒ Delete
NAME **CARSON, RAY**
STREET ADDRESS **3557 SEA WAY DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **VCD** ☒ Change ☐ Addition
NAME **MIKE MORTON**
STREET ADDRESS **4939 FLORAMAR #604**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **SD** ☒ Delete
NAME **KAREN, LOTZ**
STREET ADDRESS **3618 CORSAIR CT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **SD** ☒ Change ☐ Addition
NAME **CYNTHIA MARTINEZ**
STREET ADDRESS **15032 HARMON DRIVE**
CITY-ST-ZIP **SPRINGHILL, FL 34610**

TITLE **TD** ☐ Delete
NAME **BOB, ESSER**
STREET ADDRESS **3348 FLORAMOR TERRACE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Ray Carson
RAY CARSON

01/27/2003

727-848-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)