

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90068 018 ****61.25

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DOCUMENT # N00000001764

1. Entity Name

RAT ISLAND YACHT CLUB, INC.

Principal Place of Business

136 CEDAR STREET
SAN MATEO FL 32187

Mailing Address

P O BOX 1053
SAN MATEO FL 32187

00010000

2. Principal Place of Business

136 CEDAR ST.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1053

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SAN MATEO, FL

Zip

32187

Country

US

City & State

SAN MATEO, FL

Zip

32187

Country

US

4. FEI Number

EIN 59-3645279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRACLOUGH, KEVIN
136 CEDAR STREET
SAN MATEO FL 32187

7. Name and Address of New Registered Agent

Name KEVIN BARRACLOUGH

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

136 CEDAR ST.

City SAN MATEO

FL

Zip Code 32187

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

2/14/01

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 ~~COMMODORE~~ ☐ Delete
NAME KEVIN BARRACLOUGH
STREET ADDRESS 136 CEDAR ST.
CITY-ST-ZIP SAN MATEO, FL 32187

TITLE VICE - COMMODORE ☐ Delete
NAME THOMAS KIGHT
STREET ADDRESS 106 CEDAR ST.
CITY-ST-ZIP SAN MATEO, FL 32187

TITLE TREASURER ☐ Delete
NAME MITCH SHIVER
STREET ADDRESS 704 S. 15 ST.
CITY-ST-ZIP PALATKA, FL. 32177

TITLE SECRETARY ☐ Delete
NAME LINDA J. BARRACLOUGH
STREET ADDRESS 136 CEDAR ST.
CITY-ST-ZIP SAN MATEO, FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01 904-823-3641

Date

Daytime Phone #

CR2E037 (10/00)