

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**  
 03-24-2002 90073 043 \*\*\*\*61.25

**DOCUMENT # N00000001764**  
 1. Entity Name  
**RAT ISLAND YACHT CLUB, INC.**

Principal Place of Business      Mailing Address  
**136 CEDAR STREET**      **P O BOX 1053**  
**SAN MATEO FL 32187**      **SAN MATEO FL 32187**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3645279**      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  
**BARRACLOUGH, KEVIN**      Name  
**136 CEDAR STREET**      Street Address (P.O. Box Number is Not Acceptable) -  
**SAN MATEO FL 32187**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>BARRACLOUGH, KEVIN</b> <b>136 CEDAR ST</b> <b>SAN MATEO FL 32187</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>KIGHT, THOMAS</b> <b>106 CEDAR ST</b> <b>SAN MATEO FL 32187</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>SHIVER, MITCH</b> <b>704 S. 15 ST.</b> <b>PALATKA FL 32177</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHIVER, MITCH</b> <b>704 S 15 ST</b> <b>PALATKA FL 32177</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ANGIE MARTIN</b> <b>315 OLIVE ST.</b> <b>PALATKA, FL 32177</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BARRACLOUGH, LINDA J</b> <b>136 CEDAR ST</b> <b>PALATKA FL <del>32177</del> 32187</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      1/29/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)

Attachment #1

~~1100000001764~~  
N00000001764  
6004/7403

CD (COMMODORE) ~~CD~~

KEVIN BARRACLOUGH  
136 CEDAR ST.  
SAN MATEO, FL 32187

VCD (VICE COMMODORE)

MITCH SHIVER  
704 SOUTH 15 ST.  
PALATKA, FL 32177

T (TREASURER)

ANGIE MARTIN  
315 OLIVE ST  
PALATKA, FL. 32177

S (SECRETARY)

LINDA J. BARRACLOUGH  
136 CEDAR ST.  
SAN MATEO, FL 32187