

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00006002177

1. Entity Name

GULF ATLANTIC YACHT CLUB INC.

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90404 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

4424 NW 13 ST.

3. Mailing Address

4424 NW 13 ST

Suite, Apt. #, etc.

SUITE C4

Suite, Apt. #, etc.

SUITE C4

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

32609

Country

USA

Zip

32609

Country

USA

4. FEI Number

☒ 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

MR. JIB DAVIDSON

4424 NW 13 ST.

SUITE C4

GAINESVILLE FL 32609

Name

NOT APPLICABLE

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 NOT APPLICABLE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT /D ☐ Delete  
NAME LINDA LEDBETTER  
STREET ADDRESS 4048 NW 16 Terrace  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE NOT APPLICABLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice PRESIDENT /D ☐ Delete  
NAME DAN RHINE  
STREET ADDRESS 3204 SW 100 ST  
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE SECRETARY /D ☐ Delete  
NAME SAM TRICKEY  
STREET ADDRESS 713 NW 19 ST  
CITY-ST-ZIP GAINESVILLE FL 32603

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

TITLE TREASURER /D ☐ Delete  
NAME JIB DAVIDSON  
STREET ADDRESS 4424 NW 13 ST. SUITE C4  
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE PROGRAM DIRECTOR /D ☐ Delete  
NAME CARRY SCHNELL  
STREET ADDRESS 2048 NW 7 Lane  
CITY-ST-ZIP GAINESVILLE FL 32603

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 or without other like empowered.

SIGNATURE: Samuel B. Trickey

SAMUEL B. TRICKEY

20 APRIL 2001

352/392-1597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)