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

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90041 047 ****61.25

DOCUMENT # N00000002177

1. Entity Name
GULF ATLANTIC YACHT CLUB, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4424 NW 13 ST	SAME
Suite, Apt. #, etc.: SUITE C-2	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State
Zip: 32609 Country: ALACHUA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0594319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JIS DAVIDSON
Street Address (P.O. Box Number is Not Acceptable): ~~0000~~ 4424 NW 13 ST
SUITE C-2
City: GAINESVILLE **FL** Zip Code: 32609

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

FEE IS $61.25
Initial or Amended UBR

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	P
NAME	MICHELLE ISAACSON
STREET ADDRESS	3944 NW 70 PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	VP
NAME	DAN RHINE
STREET ADDRESS	3204 SW 100 ST
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	T
NAME	JIS DAVIDSON
STREET ADDRESS	4424 NW 13 ST, SUITE C-2
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	S
NAME	AUBREY ADAMS
STREET ADDRESS	440 NW 44 DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	C
NAME	LARRY SCHNOEL
STREET ADDRESS	2048 NW 7 LANE
CITY-ST-ZIP	GAINESVILLE 32603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-30-02 352-375-1473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #