

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07292

1. Entity Name

PLATINUM POINT YACHT CLUB, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90085 036 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3601 CAPE COLE BLVD  
 PUNTA GORDA FL 33955  
 US

3601 CAPE COLE BLVD  
 PUNTA GORDA FL 33955-1917  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2601311

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, CAROL M.  
 3601 CAPE COLE BLVD  
 PUNTA GORDA FL 33955

Name

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.

N/A  
 SIGNATURE *Carol M. Clark*

4/4/00  
 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	D	<input checked="" type="checkbox"/> Delete
NAME	VALENTE, RICHARD G	
STREET ADDRESS	24312 CONTRA COSTA LANE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHOOP, HAMILTON	
STREET ADDRESS	900 ISLAMORADA BLVD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, BETTY M	
STREET ADDRESS	18713 HIBISCUS COVE CT	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, LEWIS W	
STREET ADDRESS	4001 CAPE COLE BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROY, PAUL R	
STREET ADDRESS	2001 KING TARPON DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ADGATE, LOREN C	
STREET ADDRESS	3245 -24A SUGARLOAF KEY RD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl N. Garrod	
STREET ADDRESS	2061-4 Matecumbe Key Rd	
CITY-ST-ZIP	Punta Gorda, FL 33955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Deutsch	
STREET ADDRESS	5060 Key Largo Circle	
CITY-ST-ZIP	Punta Gorda, FL 33955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark Weersing	
STREET ADDRESS	1600 71-A Islamorada	
CITY-ST-ZIP	Punta Gorda, FL 33955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert M. Stone	
STREET ADDRESS	17801 Hibiscus Cove	
CITY-ST-ZIP	Punta Gorda, FL 33955	

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: *Robert M. Stone*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

941-639-0733

Date

Daytime Phone #

CR2E037 (9/99)