

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90055 032 ****61.25

0091065

DOCUMENT # N26072

1. Entity Name

THE ADMIRALTY YACHT CLUB, INC.

Principal Place of Business

Mailing Address

**ADMIRALTY YACHT CLUB INC.
 P O BOX 326
 PALM CITY FL 34991
 US**

**ADMIRALTY YACHT CLUB INC.
 P O BOX 326
 PALM CITY FL 34991
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0354767

Applied For

Not Applicable

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

**RONALD V URICK
 1130 SW CHAPMAN WAY #507
 PALM CITY FL 34990**

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.

SIGNATURE _____

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	PD	<input type="checkbox"/> Delete
NAME	GRASSICK, PATRICK	
STREET ADDRESS	1150 SW CHAPMAN WAY #301	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZIELKE, ROGER	
STREET ADDRESS	1140 SW CHAPMAN WAY, #405	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARENTI, ROBERT	
STREET ADDRESS	1140 SW CHAPMAN WAY #411	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RONALD V URICK	
STREET ADDRESS	1130 SW CHAPMAN WAY #507	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: RONALD V URICK, TREAS. **1/9/02** **561-223-2027**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)