

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28955

1. Entity Name

DAVIS ISLAND YACHT CLUB, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90005 004 ****61.25

Principal Place of Business

Mailing Address

1315 SEVERN AVE
 TAMPA FL 33606
 US

1315 SEVERN AVE
 TAMPA FL 33606-4041
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0870549

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

TERRY, WILLIAM
 BARNETT PLAZA
 101 E. KENNEDY BLVD, STE 2560
 TAMPA FL 33601

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	D	<input checked="" type="checkbox"/> Delete
NAME	GRIFFEN, ROBERT	
STREET ADDRESS	1315 SEVERN	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JONES, CHERYL	
STREET ADDRESS	1315 SEVERN	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLOVIN, JOSEPH	
STREET ADDRESS	1315 SEVERN	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TANAKA, CLAY	
STREET ADDRESS	1315 SEVERN	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DERINGER, NANCY	
STREET ADDRESS	74 DAVIS BLVD #8	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYSON, JAY	
STREET ADDRESS	1315 SEVERN	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH BLOVIN	
STREET ADDRESS	1315 SEVERN	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK ROSENKE	
STREET ADDRESS	1315 SEVERN	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK SELPH	
STREET ADDRESS	1315 SEVERN	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIN WILLSTEIN	
STREET ADDRESS	1315 SEVERN	
CITY-ST-ZIP	TAMPA FL 33606	
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Y*
 Daytime Phone #: *813-251-1158*

CR2E037 (9/99)